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VAN GOGH: MASOCHISTIC GENIUS OF THE CANVAS

A Psychiatric Study

BY JAMES A. BRUSSEL, M. D.

"Madman!" "Fool!" "Imbecile!" When these and similar epithets were hurled at Vincent Van Gogh and his creations, the critics did not realize how psychiatrically apt were their disparagements and how wrong their artistic judgment. It is not the purpose of this discussion to evaluate Van Gogh's ability nor his art work. Suffice it to say that when recognition of his creations as masterpieces posthumously arrived, Van Gogh was finally placed in his deserved niche with the Immortals. In a current periodical,[1] which includes pages of reproductions of his best canvasses, Van Gogh's twisted mentality is succinctly coupled with his style by the statement: "—the intense vitality that made the demented Dutchman one of the finest artists of the 19th century. Vincent Van Gogh never painted a dull square inch."

The success he was never to know—(less than two hundred dollars was his only material harvest during his life)—coming so slowly, if not reluctantly, accounts for the paucity of biographical material until the present decade. The prime impetus to the sparse, belated bibliography was the extraordinary success of the exhibition of his collected paintings at the Museum of Modern Art in New York City, later shown all over the United States. Despite the excellent insight the writings display, especially the letters[2] between Vincent and his brother, Theo, there is, unfortunately, a dearth of clinical and institutional material concerning his dementia and "fits" which requires deduction, presumption and even mere conjecture.

That he was psychotic for a major portion of his career was undoubtedly apparent to his contemporaries, friends and relatives alike. That his malady was patently evident to the layman is learned from his biographers. Pach,[3] for instance, recently wrote: "As we look today at his glorious production, the career of this man who often lacked food, who knew grievous bodily and mental ills, defeat, despair, and suicide at last, becomes a series of triumphs."

Turning from a consideration of the art to that of the artist, the psychiatrist may be permitted to hazard an answer to the queries. Why was Vincent Van Gogh psychotic? and What was the nature of his psychosis? Oddly enough, the meagre literature offers a better answer to the first than the second question.

Stone[4] divides the artist's life into nine geographical sections: 1. London, 2. The Borinage, 3. Etten, 4. The Hague, 5. Nuenen, 6. Paris, 7. Arles, 8.

St. Remy and 9. Auvers. Psychiatrically, Van Gogh is studied more advantageously by the clinician when his life is catalogued into the following divisions: 1. Heritage and family, 2. Youth and Love Life, 3. Brother Theo, 4. Associates, and 5. Psychosis. The latter form more closely resembles our modern case history, following in logical medical sequence the events, both remote and immediate, that ultimately led to the unhappy man's self-destruction.

Heritage and Family

Vincent Van Gogh was born in 1853 at Goot Zundert, a little village in the Dutch province of Brabant, near the Netherlands-Belgium border. The father, Theodorus, had an unprofitable pastorate and was himself the son of a preacher. His household, like the others in this simple, God-fearing community, was ruled by the precepts of the Bible and under such strict religious discipline the restless spirit of the boy Vincent strained at the leash. His impulse to live and seek was influenced by that branch of the family interested in art. But following such a career, *per se*, was tabu. A painter was regarded by the average Hollander as a rather shiftless and worthless fellow. Vincent was never close to his father. They could not be for they saw not eye to eye. The mother, Anna Cornelia Carbentus, simple and peace-loving, yearned to encourage her boy, but with true wifely loyalty would not dare to cross the pastor. Hence, the little confidences, the precious moments of secret conclave that the normal child shares with his parents were unknown to Vincent and he was forced into self-communion. Introversion was thrust upon him.

Theo—"Beloved Theo"—his brother, and mainstay during life, had begun with Vincent, at an early age, to follow the business (but not the profession) of art. That they should have pursued this occupation was natural. Old uncle Vincent Van Gogh, childless and ill, held a half ownership of the renowned Goupil Galleries in Paris, Berlin, Brussels, The Hague and Amsterdam. Uncles Hendrik and Cornelius also were powerful figures in the world of art dealers. However, while timid, placid, and thoroughly inhibited Theo found selling art works a secure and serene field that would safely insulate him from the bustle of everyday life (he advanced rapidly to a responsible managership in the Paris branch), Vincent did not fare so well. In fact, he rebelled at the confinement, sneered at the *nouveau riche* who appraised a canvas by its price tag alone, and revolted against the commonplace conventionalities of the few so-called masters of the day. There was simply an indescribable something about his parents and siblings in which he, as one piece in this familial jig-saw puzzle, found no place—excepting next to Theo, of which more will be said later.

Youth and Love Life

In his earlier years, Vincent Van Gogh began the construction of his straw house which was eventually to crumble because the very foundation was of such inferior material. Since they were so inseparably interwoven and so hopelessly mismanaged, his youth and love life must be considered simulantaneously.

His career in London with the Goupils was abortive and short-lived. At this time, unused to the ways of women and life, he made his first attempt at a heterosexual relationship. This effort was clumsy and futile. He became enamored of his landlady's daughter, one Ursula Loyer, who scathingly rejected his offer of marriage. The rebuff served as a stinging blow to his sensitive ego, pushing it back further from reality and encouraging the growth of introversion. He ate and slept poorly and finally his resentment toward an unkind world ended his commercial career. One day an elderly matron consumed hours selecting bad pictures rather than the choice etchings and lithographs offered her by Vincent.

"As the hours passed, the woman, with her pudgy features and puerile condescensions, became for him a perfect symbol of middle-class fatuity and the commercial life.

" 'There,' she exclaimed with a self-satisfied air, 'I think I've chosen rather well.'

" 'If you had closed your eyes and picked,' said Vincent, 'you couldn't have done any worse'."

Disillusioned and bitter, he quit England forever and followed his father's advice to enter the ministry. It did not matter to the son that this pleased the older man. It was the seclusion that attracted him. Here he concentrated his burning, driving libidinal energy on ecclesiastic pursuits. Upon graduation, his first post was distinctly an undersirable one; but appointments were awarded in the direct ratio of desirability of location to scholastic standing. Hence, Vincent was sent to the miserable Borinage in Belgium where poverty, disease, filth and abject suffering were rife, and the barest necessities of existence lacking. From the very outset Vincent knew he was utterly unsuited to preach and here his overwhelming masochism—his overt compensation for unconscious superiority—first manifested itself. He gave his entire time, his last stitch of clothing, his final crumb, his only bed, his every sou to the tuberculous miners and their families; and almost gave himself. He would certainly have died there were it not for Theo, who, like the proverbial Angel of Mercy, miraculously appeared at the crucial moment when death seemed imminent. Theo, Always Theo!

Brother Theo

One must appreciate "Little Theo," to realize why he and Vincent were always as one, although frequently miles were between them. Theo's entire emotional outlet—his love, his aim, his hopes—was centered in his brother. Sensitive, almost a woman, living only for Vincent, he gave everything spiritual and material that he possessed to the man who was his surrogate for life. It was always Theo who fostered his genius, Theo who supported him, Theo who calmed his shattered nerves, Theo who came at his first call, Theo who catered to his every whim. And Theo liked his feminine responsibility. He relied on no outside agency to care for the failing minister. He tenderly bathed, fed and nursed the man back to life. And while he sat, day after day, at the bedside watching his precious patient, his expert eye fell upon the sketches the preacher had made of the Borinage and its mole-like inhabitants. Here was art! Crude and untutored, begging for experience and criticism, it *was*, nevertheless, art. And that ended the career of the cloth.

In their letters we find the almost pathological union of these two men perpetuated in black and white. Says the compiler of these missives: "Vincent Van Gogh was one of the world's loneliest souls. In the last ten years of his life, during which time he slaved at and conquered the art of painting, he was filled to bursting with all the beautiful scenes he saw in nature, and yet seldom could he find anyone who was interested in him as a friend, who could understand what he was trying to say or do. There was one man on earth who understood Vincent, encouraged him in his work, provided him with the supplies and the money necessary to continue his painting, who had an inexhaustible fund of the love which, above all things, Vincent so desperately needed: his brother Theo. Each night, when the fourteen to sixteen hours of drawing and painting were over, Vincent sat down with pen and ink and poured out his heart to Theo. There was no idea or thought too small, no happening too trivial, no element of his craft too insignificant, no scene too unimportant for Vincent to communicate to the only other living person who considered his every word and feeling precious. Thus Vincent wrote the story of his own life."

Let us return to a consideration of his love life and youth. At Etten, Vincent threw himself with renewed vigor into his painting. But the townspeople and his father looked down at the shiftless tyro because he "made no money." He had "no visible or tangible means of support," "was always a failure," and invariably "ran home to Mama." They recognized only the "big" painters—those who made money painting portraits —like Mauve (a cousin, incidentally), Josef, Maris, Israels and Bosboom. Or, dean of all Dutch artists, Rembrandt.

However, Vincent persisted, but his work was diverted again by his second hopeless love affair which precipitated masochistic episode number two. He fell in love with his young cousin Kay, a widow, a mother, and like him, the child of a minister. She did not respond to his amorous advances and dismissed him. She refused to see him when he called. When bluntly told by her infuriated father to leave the house, Vincent stubbornly demanded an audience with the girl.

Irving Stone vividly recounts the scene. Van Gogh is pleading with the parson.

" 'I've suffered enough; let me find a little happiness for once. Just give me a chance to win her love, that's all I ask. I can't bear this aloneness and misery another day!'

"The Reverend Stricker looked down at him for a moment and then said, 'Are you such a weakling and a coward that you can't stand a little pain? Must you forever be whimpering about it?'

"Vincent sprang to his feet violently. . . . Only the fact that they were standing across the table from each other, separated by two tall candles in silver candlesticks kept the younger man from hitting the minister . . . He (Vincent) raised his hand and placed it near the candle.

" 'Let me speak to her,' he said, 'for as long as I can hold my hand in this flame.'

"He turned his hand over and placed the back of it in the flame. The light in the room dimmed. The carbon from the candle instantly made his flesh black. Within a few seconds it turned to a raw, burning red. Vincent did not flinch or take his eyes from his uncle. Five seconds passed. Ten. The skin on the back of his hand began to puff. The Reverend Stricker's eyes were wide with horror. He seemed paralyzed. Several times he tried to speak, to move, but he could not. He was held in the grip of Vincent's cruel, probing eyes. Fifteen seconds passed. The puffed skin cracked open but the arm did not even tremble. The Reverend Stricker at last brought himself to consciousness with a violent jerk.

" 'You crazy man!' he shouted at the top of his voice. 'You insane fool! . . . You're mad!' "

And the cleric wasn't very wrong in his diagnosis. Vincent soon moved to The Hague because at home the word "incest" was whispered. At the capital, meeting the accepted artists of the day, he soon rebelled against their inane ideas, snobbery and self-satisfaction. He battled them, fought with poverty, and struggled with his engulfing loneliness. His only mainstay was Theo's encouraging letters and the little money received each month from this faithful brother in Paris.

But Vincent craved companionship—and knew not how to attain it. He needed models but could not get them because he was too poor for such luxury. It was Christine who finally answered his needs. Christine, the sickly, dirty, lazy, alcoholic and pregnant laundress, who posed for him, cooked for him, and slept with him. This unfortunate alliance was costly. Vincent Van Gogh lost his last vestige of caste and found the doors of respectable studios closed to him. Once more he returned to his parents at Nuenen where Theodorus had been sent to a slightly larger parsonage. Although he painted from morning to night in the fields, at the homes of the weavers and near the picturesque streams, Vincent was uncomfortable. His father and he could not remain under one roof. The older man openly condemned his son's likes and dislikes, tendencies and activities as immoral. The townspeople likewise frowned at this strange man who loafed before an easel instead of doing "an honest day's work."

But next door to his mother's house lived Margot Begeman. Here was a woman as unfortunately handicapped as Vincent. All her life she had been unable to satisfy her normal impulses. Confined to the town's limits—and sometimes the walls of her house—by a brace of sadistic and repressed sisters, she found herself on the edge of the climacterium a virgin, burning for one single caprice. She was beginning to age, but meeting Vincent miraculously rejuvenated her. Not that she loved him for himself. He was a man opportunely arrived. The artist responded because he was overcome and amazed to find a woman who actually worshiped him, who eagerly drank in his words, and who devoured him with her hungry eyes. He asked her to marry him, but Margot's family defeated Vincent as they had all men for many years. Ultimately, Margot took poison. The mother of the frustrated woman accused Vincent of the misdeed. The town took up the hue and cry. This blow, piled upon the untimely death of his father, was too much. Vincent fled. But where? To the understanding arms of Theo in Paris.

Associates

Pach very tersely discusses this point: "The story of Van Gogh's friendships gives but little more encouragement to those who hope to come upon something of ordinary human happiness in his lot. It is clear that he had an immense fund of sympathy, but his unbending principles and his impatience made him difficult as an associate. There was no middle ground for him." Could we sum this up in one word? Schizoid!

And, in 1886, through Theo, he finally achieved his forte. For this strange man was at home with stranger men who called themselves the Impressionists, unmindful of the scoffs and sneers of artists and critics alike. Here he became intimate with Cézanne, Seurat, Gauguin, Lautrec, Rousseau

and others, each of them a clinical entity in mental aberrations and behavioral oddities. Lautrec ultimately died in a psychopathic hospital; Seurat perished at thirty-one from "overwork"; Gauguin became a beggar in Brittany; Rosseau rotted away in his hovel near the Bastille; Cézanne became an embittered recluse on a hilltop at Aix.

Impressionism! An esoteric term, poorly understood over a half century after its inception. What did these pioneers imply? Says one authority[5]: "With many people, impressionism stands for the bizarre and the incomplete; with others it stands for a vogue, the verbal color of an artistic tendency—a convenient because a vague designation. For some it means the experimental, the more or less brilliant tentative of a temperament which is feeling its way, and whose expression is uncertain and variegated. Among painters themselves, the word is not held in honor!"

But Vincent yearned for isolation again and soon moved to Arles, in southern France, where he entered a new period of intense production with a passion and zeal he had not manifested heretofore. He worked from dawn to dusk, striking off canvas after canvas. At night, dissatisfied with the oils of the period, he would manufacture his own colors from the raw materials.

Psychosis

He drank in the rich hues of the country, sitting beneath the broiling, treacherous sun of the south, unmindful of its ravages. Slowly, a peculiar gleam was noticed in his glance, a quick jerkiness in his movements. His authors kindly attribute this—and his subsequent epilepsy—to the continuous exposure of his fast thinning hair to the merciless solar heat. Mayhap they are correct.

Unfortunately, Van Gogh was, at least, a schizoid from his earliest days. It is possible that the psychotic reaction was released by organic factors, namely syphilis. Certainly his sexual history is unsavory, but Wassermann's test was yet to be discovered.

However Vincent was not through with his masochistic behavior—not yet. At Arles, he frequented Maison de Tolérance, Numéro 1, where he was introduced to the *grand prix* of the establishment, warm, soft, succulent Rachel who actually trifled with this strange man's emotions, teasing and laughing at him and calling him "fou-rou." But Vincent was fond of this sixteen-year-old precocious prostitute who offered him surcease at night from the intolerable sun when he was not pounding pigment into paint.

However, the schizoid nature of his illness could no longer be held in abeyance. The inner man was definitely emerging. He began to hear voices and to suffer epileptic seizures. These convulsions, according to his biographers, do not resemble the textbook picture of the idiopathic form. The

tonic-clonic sequence, the aura—these were lacking. More were they like so-called "running epilepsy": fugues, in which he would suddenly dash madly out into the night, running blindly to the forest where he would lie unconscious for hours. As stated above, these seizures may have been due to organic cortical involvement, syphilitic in origin; or again, to flights of panic attributable to schizophrenia.

When Paul Gauguin took up lodgings with Vincent at Arles (at Theo's expense for his brother's pleasure), the reunion was disastrous. Paul mocked Van Gogh's earnestness, his coloring, his subjects—he belittled everything Vincent had done or tried to do. They quarreled. Vincent's angry outbursts would mount like steam in a boiler and finally explode with a terrific blast leaving him panting, helpless and weak. Says Stone[2]: ". . . In spite of it all, he still painted in the fields without a hat. He needed the white, blinding heat to make fluid within him the terrific passions he felt. His brain was a burning crucible, turning out red-hot canvas after canvas . . . He painted from four in the morning until night stole the scene from him. He created two, and sometimes three complete pictures a day. He was spilling out a year of his life blood with every convulsive painting that he tore from his vitals." And of these "friends," adds Stone: "Painting all day, fighting all night, sleeping not at all, eating very little, glutting themselves with sun and color, excitement, tobacco and absinthe, lacerated by the elements and their own drive of creation, lacerating each other with their rages and violence, their gorges mounted higher and higher. The sun beat them. The mistral whipped them. The color stabbed their eyes out. The absinthe swelled their empty bowels with turgescent fever."

He became rapidly worse. When he threatened Gauguin's life with a razor—undoubtedly in a homosexual panic—Paul moved to a hotel. About this time little Rachel pouted and asked for five francs. Vincent was broke. The harlot then mischievously asked for his ear instead. He returned to his room. Voices were whispering crazy things to him. He surveyed his bloodshot eyes in the glass. Should he slit his throat and end it all? No. Hadn't he promised Rachel something? Ah, yes, the ear. Calmly, the masochist lopped off his right ear, wrapped his bloody head in two towels, and delivered the auricle to the strumpet who, although hardened to almost anything, promptly fainted away at the sight of this grisly gift.

Vincent Van Gogh was interned at the Arles hospital for a time until his wound had healed. Then he returned to his easel and created thirty-seven canvases without pause. But his auditory hallucinations came back to him. He acted furtively and queerly, and as he prowled through the streets children followed him, chanting songs like the following one quoted in one biography:

"*Fou-rou* was a crazy man
Who cut off his right ear.
Now no matter how you shout,
The crazy man can't hear."

He became a wild man. He threw furniture, paint, canvas, brushes, wash-basin, clothing, out of the window. Could no one help him? Yes, of course. Always there was Theo. The solicitous brother took him to the sanatorium at St. Remy. Here his convulsions increased in frequency. Once he ran wildly from the place and was found the next day between Tarascon and St. Remy, lying face down in a ditch. At times he became overwhelmingly moody and morose. The good Dr. Peyron was patient and restored Vincent to health to a degree at least, where he was able to resume painting. But ". . . one afternoon, when he was working calmly in the fields, his mind began to wander. Late that night the guardians of the asylum found him several kilometers away from his easel. His body was wrapped around the trunk of a cypress." For a time he became excessively religious, whispering turbulent prayers, iterating scriptural quotations, responding to his auditory hallucinations.

Meanwhile, Theo, alone and without a coherent word of advice from his one love, ventured into matrimony. Vincent was discharged and went to live with his brother, sister-in-law and the newly-born nephew, named for the artist. (Theo, too, was not above symbolism.) However, Vincent again was forced by his mental illness to accept hospitalization. So we find him, shortly before the turn of the century, under the guidance of genial Dr. Gachet.

But Van Gogh's depression now became permanent, deepening in its foreboding dimensions from day to day. Finally, the masochist ended his miserable existence by placing a revolver at his temple and pulling the trigger. He lingered for a time, dying eventually in the arms of his beloved Theo who had been summoned from Paris. And thus was terminated the life of Vincent Van Gogh. The differential diagnosis rests between schizophrenia, epilepsy, or something sprung from organic etiology, perhaps syphilis.

A final word anent Theo. Within a few months, bereft of his surrogate for life itself, he became psychotic and was committed to the asylum at Utrecht. There, six months after the death of Vincent, Theo quietly passed away.

As one biographer remarks, ". . . is it not written in the Bible: 'And in their death they were not divided'?"

Pilgrim State Hospital
Brentwood, N. Y.

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TRUANCY AS A SYMPTOM

A Psychoanalytic Approach to An Integrated Program of Attendance Work

BY BURRILL FREEDMAN

Introduction

Nonattendance (truancy) may be considered a symptom within the ordinary clinical usage of the term. It is an indication of a maladjustment. Like symptoms in general, it is almost always found in connection with other symptoms of maladjustment.

The maladjustment may be either intrapsychic or environmental. In most cases aspects of both kinds are present. Nonattendance is, therefore, an indication of mental problems and of social problems. The latter aspect becomes more obvious when we consider nonattendance in its mass effects.

So much is generally admitted by professional workers in attendance. If nonattendance is a symptom, however, it would seem desirable to study it scientifically as a symptom.

Psychological considerations

Here is meant first a depth-analysis of the psychological determinations which motivate the truant.

Consider the procedure, for example, when we analyze a recognized hysterical or compulsive symptom. (a) We require the superficial associations. (b) These lead to the deeper associations. (c) The repressed, archaic, forgotten material in which the symptom is embedded begins to appear. (d) Liberation of the immaturely canalized affect takes place. (e) Transference of the liberated affect upon the interviewer follows. (f) The contrast between his projections and reality is perceived by the individual. (g) Mutative interpretation (Strachey) occurs at the point of urgency. (h) Working through of the earlier material, with recanalization along socially desirable and realistic lines is the final process. It is understood that these stages are not strictly progressive, but overlap and are also incomplete.

From many analyses, we know that recognized symptoms are compromise-formations of conflicting intrapsychic forces. A compulsive symptom will reveal components derived from an exceptionally severe superego, and a predominantly anal-sadistic level of fixation.

The analysis of an hysterical symptom will reveal a very lenient superego and fixation predominantly at autoerotic and narcissistic levels.

Hysterical and compulsive features in nonattendance

What type of etiology may we expect the analysis of nonattendance as a symptom to reveal? It would appear in advance that this behavior response displays both hysterical and compulsive features. At times we are struck by the typical hysterical irresponsibility of nonattenders. At other times, however, we get an impression of almost compulsive truancy. At least, we cannot ignore this implication in some cases of prepossessing truants who promise, and apparently try, to improve, but succeed for only a short period. In some of these instances, the nonattendance seems like a compulsion against going to school, just as we find not only compulsive washing, but also compulsions *against* washing.

It is possible, then, that there are two types of nonattendance, one established on an hysterical (or cyclothymic) basis, and the other on an obsessional (or schizothymic) basis. These may at least be looked for in the study of the symptom.

Constitutional factors

Constitutional factors offer a seemingly worth-while field for investigation. The correlation of the types mentioned above with the pyknic, asthenic, and athletic constitutional types (of Kretschmer) might also be of assistance in coming to conclusions. Use should here be made as well of medical examinations, including the nutritional and glandular status.

Sociological considerations

Nonattendance is a social symptom in two senses. (1) It expresses itself primarily as a conflict between the individual and a social institution, rather than as an intrapsychic conflict. (2) As a mass phenomenon, it is also a symptom of intrasocial contradictions.

In nonattendance maladjustments, therefore, as in mental disorders, both sociological and psychological factors are important. But here the sociological factors play a greater role, the psychological factors a lesser one.

Home background, and social and economic status figure more directly and obviously in nonattendance than in cases of mental disorder. At the same time, factors of purely psychogenic origin are much less conspicuous. The virtual absence of intrapsychic conflicts and phenomena of regression is of practical significance in this connection.

Maladjustments in which truancy is the chief complaint might thus be termed essentially sociogenic.

The sociopsychological approach

The essentially sociogenic etiology of nonattendance does not, however, render less indispensable a psychological approach. The sociological fac-

tors can, of course, affect behavior only through transformation into psychological determinants. It is these which must be the foci of attack in individual guidance. Even if one could alter directly the sociological factors, this would not, in most cases, simultaneously alter the psychological determinants. The latter, once produced, may exert an influence which persists even after alteration in the factors which produced them.

The sociological approach must be utilized in the correction of truancy as a mass phenomenon. But it must be integrated with the psychological approach to individual guidance.

The psychological approach must be made an instrument in the sociological approach. This means that the individual himself must be educated to assist in the process of changing the sociological factors in the appropriate direction. This principle may be called the essence of the sociopsychological approach.

Methods of depth psychology

In the majority of cases, it would be a mistake to imagine that question-and-answer methods are adequate to reveal the underlying causes of nonattendance. Especially is this true of single, brief interviews. From these will seldom be elicited more than surface causes at best, and at the worst, conscious evasions.

It must not even be supposed that the nonattender himself is aware of the causes of his nonattendance. He will say, for instance, that he does not like the particular school, the class, the teacher or the course, or that he wants to go to work. But a change in these factors will often fail to result in lasting improvement, or any improvement at all. The truant may even promise, with apparent sincerity, to cease playing truant and to take more interest in his work. Yet, again, he may relapse after a short period. From common examples of the sort, it is evident that the nonattender himself is seldom aware, at least at the conscious level, of the causes of his nonattendance. It is certainly evident that *reasons* are not *causes*.

It is true however that skillful social workers are often able to effect improvements. Through efforts directed upon the home situation, the attitude of the truant or some other integral aspect of the case, they have frequently brought about a marked or a complete adjustment. It should be admitted unfortunately, that a large percentage of these cases, which have once been closed, must be reopened time and again. The conclusion is inescapable that, in such cases, despite much good work of a "reformist" nature, the underlying determinants of the nonattendance have never really been attacked.

To get at these underlying determinants, depth methods are necessary. These will inevitably be a form, although a highly modified form, of analytic technic. The procedure will bear some resemblance to that outlined under "Psychological Considerations" in this plan.

The modified technic

Free associations will be employed to gain insight into the preconscious and unconscious of the truant. The liberated affect will be utilized for interpretive reeducation. To this extent the technic will be analytic.

Modifications, however, will be required in accordance with the essentially sociogenic etiology of nonattendance. The subordinate importance of psychogenic factors will imply certain simplifications of the psychological procedure. The virtual absence of intrapsychic conflicts and regressive phenomena will contraindicate excavation below what may be termed "middle depth."

> Affective relations and the affective development will demand analysis, but it will be unnecessary to recover much deep material.
>
> There will be fewer resistances, and these will be of lesser intensity.
>
> Fewer interpretations, and of comparative shallowness, will accordingly be required.
>
> The recanalization of affect will take place with corresponding readiness.

In consequence of the foregoing, shorter periods of guidance will be necessary than in the treatment of a mental disorder. For example, treatment over one month to a year, instead of from one to five years seems adequate. Sessions may also be less frequent. For example, one or two hourly sessions per week, instead of from three to six, should suffice.

Finally, it is clear (1) that great liberties may be taken with the free-association method, and (2) that all these modifications carry far-reaching implications relative to the transference phenomenon and the roles of the various workers on the cases.

The transference

In the therapy of recognized mental disorders, we know that the transference is the *sine qua non* of any degree of success. The name of "transference neuroses," as opposed to "narcissistic neuroses," is given to them on this account, as is well known.

It is clear that the maladjustments in which nonattendance figures are similarly "transference maladjustments." The truant is generally able to form an attachment for a worker on his case, if the latter is sufficiently sympathetic and painstaking. Differences in the transference and transference relations, however, will be involved in the guidance of nonattendance cases,

as compared with the treatment of recognized mental disorders. First, the fact that the non-attender, unlike the patient, does not come for treatment of his own volition, will alter the transference relation. The truant, on the contrary, identifies the attendance worker with just what he wishes to avoid. From this circumstance, a negative transference, or a narcissistic resistance to transference may naturally be expected. In consequence, the worker must explicitly dissociate himself from any predetermined attitude projected upon him by the nonattender. Greater and more frequent dosage of reassurance may be necessary to facilitate the transference, than in the treatment of mental disorder. At the same time, it should be obvious that the worker must not give the impression that he is not going to try to adjust the nonattender to the school situation in one form or another. In that case, the nonattender's faith would be destroyed and the transference snap as the worker approached the point of requiring such an adjustment.

Next, the transference will in general be less concentrated because of the greater spacing between sessions. While an orthodox analysis calls for three to six sessions a week, it is a question whether more than one or two weekly sessions will be called for, ordinarily, in nonattendance cases. The transference may also be expected to be less intense, because of the nature and origin of the associative material. This will be recovered in lesser proportion from the deeper psychical layers, even though in far greater proportion than in ordinary interviews. The lesser concentration and intensity also imply a greater mobility of the transference. Object-relations will be much weaker than in actual neuroses. This means that the transference could be shared with relative ease, if necessary, between psychologist, psychiatrist, and social worker, or transposed from one chiefly to another.

Role of the social worker

In this work, the role of the social worker will be greatly enhanced. Because of the special bearing of sociological factors, a vast quantity of detail on home attitudes, the school situation, and so forth, will be of value. Such sociological information along with the material which is being elicited by psychological interviews with the nonattender should be studied as much as possible. Not only to secure it in profusion, but to assist in the task of integrating it with the psychological material, must be the function of the social worker.

The material should include the substance of detailed conversations with teachers and others, especially members of the family. Such material, if it is actually detailed, will be indispensable to the sociological understanding of the case. It will make it possible to study closely the transformation of the sociological factors into psychological determinants.

This enhanced role of the social worker will also expedite the whole procedure of psychological guidance. The psychologist will be able to utilize the material of the social worker for directing the stream of associations of the nonattender, and in interpretation. The comparative infidelity to strict free-association technics is permitted by the circumstance that analysis only of middle depth is required.

Roles of psychologist and psychiatrist

The minimization of id-activity, and thus of the transference, is a major therapeutic or guidance indication. It permits the responsibility for most of the actual guidance to be spared the psychiatrist and shifted to the psychologist. On the other hand, it will be the function of the psychologist to sort out any maladjustments of exceptional severity for examination or treatment by the psychiatrist. The psychologist will, as usual, determine the psychometric indications, and specific disabilities or special aptitudes, if any. But he will have the additional task of correlating these with the affective findings. A cooperative division of labor is possible here.

To the psychiatrist need be referred only cases in which more profound disorders complicate the nonattendance maladjustment. These would include overt neuroses, psychopathic personalities, and the like. Such may be treated by the psychiatrist, or referred elsewhere upon examination.

Use of joint conferences necessary

The most effective integration of the total sociological and psychological material requires joint conferences of all who work with the cases. The conference makes possible a finer and more intimate interchange of impressions and data than can be provided by other means. It especially stimulates the play of imagination, without which guidance will often fail to grasp and satisfy the basic affective, cultural, and material needs of the nonattender.

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A FURTHER APPRAISAL OF FOSTER FAMILY CARE

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Earlier, in another place,[1] some observations were reported on the therapeutic promise of foster family care as derived from our experience at the Utica State Hospital. This project was begun December 26, 1935 and terminated, because of budgetary restrictions, July 1, 1939. Although no new placements were made in the community after July 1, a few patients whose maintenance was paid by the State remained in boarding homes until October 1, 1939. Moreover, the project has not been allowed to lapse completely in that working homes have been continued and suitable individuals with private funds have since been placed. This study, then, includes a report of the program through December 31, 1939. The technique employed was that described in the article referred to above. In our opinion, the therapeutic promise was realized.

During this period of official activity covering three and one-half years, 291 placements were made involving 182 patients. Prior to foster family treatment each of these had averaged six and one-half years of hospital treatment (1,183 years of treatment for the entire group at an estimated cost of $431,795). Five patients died in the community; 54 have been returned to the hospital. The bulk of these returns were necessitated by the recrudescence of mental symptoms or the development of medical or surgical disease. Of the latter, four patients died subsequently. It must be stated that only eight were returned because of lack of State funds with which to pay their maintenance in the community.

The strenuous effort made by the social service department to keep as many individuals in the community as possible should be cited. The Departmental announcement of the discontinuance of the project disheartened the staff at the hospital, was a source of keen disappointment to the foster families, and in many instances was a severe trauma to the patients themselves. Accordingly, the social service department importuned the families in certain cases to make some effort to hold their relatives in the community. Working homes were found for a number and all potential parole possibilities were reexplored. Certain cases in which arrangements had been initiated for individual relief or old-age assistance were expedited in order to avoid the patient's return to the hospital. County and local authorities were most cooperative in this emergency. As a result of these activities, only eight of the entire group of 182 were returned for lack of funds as stated above. Included among the 54 who were returned to the hospital, there are eight in whom a further trial seems justified in the light of their

present condition. As a matter of fact two other individuals have been paroled subsequently.

It has seemed imperative that the program should be kept alive at the hospital. Thirty-nine patients continue in foster family care. Nine of these are making good adjustments in working homes. The responsibility for the maintenance of the remaining 30 had been assumed by their committees, families or welfare officials.

Foster-family care has thus relieved the hospital of financial responsibility for 84 patients of the entire group of 182. Further than that, the community has also been relieved of financial responsibility in 58 cases in which the patients have been either paroled or discharged from the hospital. Of this group 43 have become self-supporting; the families have assumed financial responsibility in another 11, the patients being comfortably situated in the community. A final four maintain themselves on their own funds.

As stressed before, the importance of boarding home placement in demonstrating to all concerned the potential adjustment the patient is able to make in the community, has been fully shown in our experience. Following such demonstration, 16 individuals were accepted for old-age assistance and another nine for home relief. Continued observation during the parole period and following discharge, justified the opinion that they would continue to adjust in the community, as judged by their reaction in foster-family care.

One man has resumed his wandering habits. His record completes that of the group.

There has been much controversy regarding the economic aspects of this project. It is, of course, impossible to estimate the time and overtime expended by the staff of the hospital, particularly the social service department, in planning for, and overseeing, these patients in the community. As is often the case, acute problems almost invariably arose during weekends. Further, there have been other expenditures for clothing, shoes, et cetera for this group, an exact accounting of which is impracticable. It should be noted however, that the quality and quantity of clothing required by patients may be somewhat higher in the community than at the institution. In this discussion of finances we have not included reimbursing patients. During the four years (three and one-half actively) that the project was in operation 131 patients were placed in the community for 5,371 weeks at the rate of four or five dollars a week. The State reimbursed the respective caretakers in the total amount of $23,358.24. Employing the usual estimate of one dollar per day per patient, as the minimum estimated cost to the State for maintaining the patient in the hospital, it would have cost $37,597 to maintain these individuals at the hospital rather than in foster

homes. Another 18 individuals placed in working homes for 2,989 days would have cost for State maintenance in the hospital at the same rate $2,989. These total $40,586 and represent a saving of $17,227.76. Parenthetically it may be remarked that the entire cost per patient in the hospital to the State is often estimated a $2 per day in order to cover departmental administration. Thus, from that view the above figure might be doubled.

Conservative appraisal of the group which has been paroled or discharged yields 46 patients, who without foster-family care, would probably still be hospital residents. Since parole or discharge they have been away from the hospital 18,961 days. This calculated at the same rate makes another estimated saving without expense to the State of $18,961. Every day they continue in the community also adds $45. (One patient has subsequently died.) We, therefore, believe that a modest estimate of the total saving to the hospital amounts to $36,188.76. It is of course remembered that the hospital plant must be maintained to care for a fluctuating population and that in some instances this fluctuation may approximate the number of individuals in family care. Therefore these figures are not absolute but are indicative and based on the usual computations. Such saving would become more tangible as the project continued in expanded form over a period of years. Pollock[2] has outlined the advantages to the State, the hospital, the caretaker and the patient himself, detailing these economic features.

Aside from these financial considerations, over and above the freeing of hospital beds for acute patients and in addition to the effect upon the caretaker's family and the community, there remain more important, intangible benefits which cannot be wholly reported in writing. One recalls too the educational value from a mental hygiene standpoint of intimate contacts in the community by hospital personnel and patients, as a result of this project. That 84 individuals have been reestablished in the community, that more than half of these are again self-supporting and that all have had an opportunity to regain their self-respect and to test themselves before stepping out alone is perhaps the most tangible evidence of these intangible values. Because each of these 84 persons presented an individual problem which has been met individually, the benefit to each is readily seen.

Illustrative Case Material

Case 1: S. F., a school teacher, born October 5, 1872, was first admitted to this hospital April 27, 1905, presenting well-defined symptoms of dementia præcox of the paranoid type of over three years duration. She escaped from the hospital October 8, 1906 and was discharged, as she was in her family's custody. She continued to be hallucinated and delusional, and when she became more excited she was readmitted February 23, 1917. Her

course in the hospital showed little variation. There were auditory and visual hallucinations, she continued to be delusional about her husband and was ordinarily silly and overtalkative. She would not see the members of her family when they called. She was employed in the hospital bookbindery and was clean and tidy about herself. In August, 1935, the patient's husband expressed himself as dubious of the advisability of having her visit away from the hospital with friends. During June, 1938, she was given a trial on a parole ward, where she adjusted satisfactorily although her trend showed no change. The possibility of boarding-home placement was first considered during September, 1938. In review of her trend and her husband's past experiences with her, parole to her home was manifestly impossible. After thorough investigation and with her husband's grudging approval she was finally placed out to board October 11, 1938, in a home which met his specific qualifications. After a month some of the family visited her and expressed themselves as being delighted with the boarding home and the adjustment the patient was making there. She was allowed to visit at home over the Christmas holidays and did very well on this visit. At the family's earnest request she was paroled January 6, 1939 in the custody, however, of her daughter. In view of continued favorable reports, parole to the husband was approved in May, 1939. On January 8, 1940, she was discharged as much improved. She is described by the social worker as being in good contact, as doing her housework efficiently and as presenting no abnormal behavior.

Case 2: G. F., whose parents were both patients at this hospital, was admitted here March 8, 1938, being at that time 18 years of age. She had worked for her room and board since the age of 13, at the same time carrying on with her school work, having reached third year high school. For about six months she had complained of gastric and ocular symptoms, periodically wept because of pain in her flank and back, and appeared quite weak. At a general hospital she was confused and forgetful following what appeared to be a coma at home.

There were no physical findings, observation here ruled out epilepsy and the patient was returned to her employer's home March 29, 1938. The latter had been informed that our diagnosis was hysteria and was given appropriate suggestions relative to the girl's management. After a series of "spells," some of which occurred at school, the patient was returned to the hospital March 31, 1938. The employer stated that she was willing to have the patient return to her home even though she might be unable to work, in the event that these "spells" were cured.

Further observation did not change our opinion regarding the patient's condition and she made an excellent adjustment in the hospital. Occupational therapy in the form of typewriting and stenography was provided. Many interviews were had with her, she was reassured, and an attempt was made to implant insight. During the interval it became obvious that she could not return to her home city; all parole possibilities were explored fruitlessly. Finally, she was placed in foster-family care May 12, 1938. In that home she adjusted well, particularly as there were daughters of approximately her age. She graduated from high school and although two other placements were made in the same community for various reasons, it can be stated that her reaction was good and that her emotional disorder has largely receded. She is happy and follows the normal pursuits of a woman of her age. An allowance from the N. Y. A. was secured for her by the school authorities and at the present time she is supporting herself and pursuing a vocational course.

Case 3: D. S. came to the hospital January 29, 1935, being at that time 71 years of age. Cerebral arteriosclerosis and senile changes contributed to a well-defined paranoid reaction directed chiefly against his wife. Her temperament and his (which was definitely abnormal) had both contributed to a long-standing marital incompatibility. For more than a month prior to admission he had been hallucinated and had expressed delusions of infidelity directed against his wife and daughter. His behavior had been actuated by this trend and he had been physically abusive. Because of his nocturnal vigilance his physical condition was poor on admission. He improved rapidly in this respect and made a good adjustment at the hospital, although on each occasion when his wife visited him his trend, complaints and threats were revived. On every hand an impasse was met when parole was considered. However, after seven months, when the couple had apparently effected a reconciliation and the patient seemed to make a genuine effort to laugh at his previously-expressed delusions, a trial on parole was allowed September 1, 1935. Under close social service supervision a precarious adjustment was maintained until April 3, 1936, when it was necessary to return him. The fact that the patient spent most of his time either caring for a sick friend or doing occupational therapy at the local curative work shop was undoubtedly a positive factor. The patient's wife obdurately refused to liquidate some life insurance and ordinarily the arguments ended in mutual accusations. A suitable boarding home placement was made April 6, 1936, since which time the patient has done well. He visits his family infrequently and continued with occupational therapy. On one occasion his daughter called at the hospital, excitedly complaining that the patient had been to the home to secure his shotgun. She stated that she was convinced

he was about to carry out his threat to murder her and her mother. Although the patient had reported earlier to the hospital on that same day and had shown no change, he was sent for without delay. Laughingly, he stated that he had pawned the shotgun in order to procure some tobacco money. This was verified. Later during the boarding-home period arrangements were completed for him to receive old-age assistance through adjustment of his insurance, to which the wife finally agreed. Under these circumstances, he was discharged from parole as much improved January 25, 1937. He has maintained his contact with the hospital and is getting along as well in the community as is any other recipient of old-age assistance.

Comment

These cases speak very well for themselves. Each offered little hope for discharge from the hospital, and parole without foster-family care would have been impossible. Each of these individuals leaned heavily on the hospital, but at the same time proved his or her ability to adjust, during the boarding-home period.

Conclusions

1. For the welfare of the patient the foster-family care project should be continued and expanded when funds are available. The plan of the department to make this a separate budget item seems to have many practical advantages.

2. A definite technique has been established which includes: viewing each case as an individual one, careful selection of patient and home, conscientious case work and constant cooperation among all concerned.

3. Even if one is to overlook the consequential though intangible benefits to the patient, hospital staff, the caretaker and the State, the economic factors are important. In this small local project, which involved a total of only 182 patients over a period of less than four years, a conservative estimate of the saving to the State amounts to $36,188.75, computed in the usual way.

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ARE FAMILY-CARE COLONIES PRACTICABLE IN NEW YORK STATE?

BY ROBERT WOODMAN, M. D.

In April, 1938, Pollock published a paper in Mental Hygiene on his observations of the French family care colony at Dun, a city of 4,000 persons about 160 miles from Paris. There patients are received by transfer, mostly from institutions in the Department of the Seine, usually 20 at a time. The colony received 152 patients in a year and discharged 136. Beginning in 1892 with a medical director, two nurses and a clerk, small quarters for the administrative personnel and an infirmary with 8 beds, it had grown gradually until in 1935 it had 1,323 patients and a payroll of 51 persons, of whom five, including the medical director, were physicians. At one time 89 patients were in a colony center, with infirmaries, baths and accommodations for the temporary care of newly received patients; 679 were in Dun and 550 in eight nearby towns. The patients, except for some 22 men who help with the garden work, are all women, mostly over 50 years of age. However, there is a colony for men not far away. Fifty-six died in a year, indicating an incidence of sickness that must make considerable demands upon their infirmary accommodations. The "center" includes a bathhouse and an assembly hall. Of 152 admissions 62 were classed as mentally defective and 90 as psychotic.

The question I have been asked to consider here is: 'Are family-care colonies practicable in New York State?" Something more or less like Dun is in mind. It is not, however, a colony in the sense used in the New York State schools, where the word is applied to a home for patients who may be trained to be self-supporting. Such a colony is in charge of a matron and is virtually a ward of the institution although located miles away. Patients go out daily for employment and their earnings accrue to the support of the colony.

The Gowanda State Hospital had about 65 patients in family care in and about Randolph. During the summer it was decided that for lack of money appropriated to pay their board, it would be necessary to return them to the institution. The patients did not want to return, their home keepers wanted them to stay and could not see why they must go back. Some cried at the thought of parting with their patients. One patient slipped off upstairs and hid, another woman fled out the back door to telephone the priest in order to have it stopped. The men are reported to have been more emotional than the women.. One asked the family to "be kind to his flowers," and bade the dogs good-bye. Back in the hospital a nurse remarked in a facetious vein that the patients had gained so much weight while away that

there was not room for them on the ward. Dr. Tiffany has told me that when he arrived at Gowanda in August a woman was waiting in the office with a petition containing 400 names asking that family care be continued. This all occurred in a village where many people were afraid some four years earlier when patients first went to them; where a man who would not stop at a gasoline pump at a place where patients were kept, was in the end an applicant to receive patients in his own home. A great work of education had been done in a short time. I quote Dr. Earle V. Gray: "I believe our experience shows that we did not have as many patients suitable for family care as we could have found homes for. We were able to get some fine types of homes in a number of districts that our brief experience indicates would have been perfect centers for the development of this type of care."

Last winter Harlem Valley State Hospital had 67 patients in family care, Hudson River State Hospital, 37, and Wassaic State School, 62. Dr. Ross has told me that he could have obtained 200 homes in the territory about Moore's Mills and Freedom Plains. This is a region of small villages and of farms with large houses. It lies within a triangle, the angles of which are located at the three institutions named. It is a beautiful country, within 75 miles of New York City. It has good transportation facilities and the pioneer work has already been done.

The west side of the Hudson River also deserves consideration. Dr. Tiffany has said that he has had an inquiry from Chichester, N. Y., in the Catskills 30 miles or more from Kingston, but he has not investigated its possibilities, nor have I. Inquiries from Orange County have been scattered and not very satisfactory but it is possible that something could be done in some of the less prosperous villages surrounded by farms. The social service workers have now five approved homes in Orange County without patients and nine inquiries not investigated because of the present situation with respect to funds. Letchworth Village has not been able to find in its home county of Rockland places for all of its 100 patients in family care and has gone for some homes to Delaware County, in the same neighborhoods where Middletown State Hospital patients board. More homes have been offered there than both institutions could use and it is plain that if patients were available and applications from the more distant parts of that county and beyond were accepted, a great many more homes could be secured. All this, however, does not make a colony like Dun or Gheel but it does show, I think, that the country is becoming psychologically ready.

The nearest approach to a colony of the proposed order in this State is Walworth, where the Newark State School for mental defectives has located

101 women and 5 men. One of the homes in which four women board serves also as a center, with a community room and two beds for patients who might be ill for more than a few days. Here supplies are received and distributed and the woman in charge cuts hair and looks after nails and feet.

The colony at Dun began with 24 patients in 1892 and we are told that in 11 years the population had increased to 900. In our own Mental Hygiene Department under the disconnected and tentative efforts of the individual institutions almost exactly the same number were infiltrated into widely scattered homes in something less than four years.

There has been, to September 1, 1939, no curtailment in the number of patients from the State schools in family care, but the group from the State hospitals in six months has contracted from 576 to 313. I have consulted all of the superintendents who have made large reductions in their numbers. All were reluctant to bring in their patients; all thought that the community care plan had a useful place and all emphasized that the step was taken solely for financial reasons and not through any dissatisfaction on their part with the homes, the conduct of the patients, nor because of any complaint from the outside.

The minds of some communities have been prepared and approval by the people therein indicates that approval will also be given by citizens in other suitably selected localities. It appears probable not only that a colony is practicable but that it is an opportune time to consider what is needed to get started.

First, let us say—a man. A pioneer undertaking will be no better than the person at the head of it. Vision, enthusiasm and capacity for details, combined in its director will be its first requisite. Some smart, young senior assistant physician with a growing family, a love of the country, understanding of the lives and thoughts of people in the villages and on the farms, interest in his patients, and ability to identify himself with the project, could find in this an opportunity for a satisfying life work and to earn a promotion for himself. Such a man, with the right wife, then, is requirement number one. He will need an assistant or two at the start and more as the project develops. A nurse at the center, a visiting nurse with a social service outlook or a social worker with some knowledge of nursing technique would be appropriate. There will also be some records to keep and letters to write.

Next would come the selection of the site or sites. The upstate hospitals have already placed from one to four per cent of their patients in community care at a time when there were only eight individuals in boarding homes from the entire 37,000 and more patients in the metropolitan dis-

trict. As near New York as possible, then, is the place of choice for the first site. A second or third upstate colony could be developed later if the idea worked well. The family care colony should be an institution either in its own right, or during its early developmental period subsidiary to one of the already established institutions, something as Creedmoor and Marcy were at the outset. The site selected should be one where buildings suitable for the center could be rented or purchased at low cost. I am not informed whether workers in colonies such as Dun receive maintenance at the center. It would appear probable, however, that with the present tendency in state institution employment to pay commutation instead of maintenance and the need of the workers to be much away from home, that the center should be organized as a visiting nurse system rather than upon the old-line state hospital model.

Third: with respect to whom it should serve. In the old-world countries where successful colonies exist it is customary for them to accommodate both the feebleminded and the psychotic, and both are already under the jurisdiction of a single Department of Mental Hygiene in this State. In the past three years we have seen physicians and social workers from Wassaic State School and from Harlem Valley State Hospital covering in part the same region, and Middletown State Hospital and Letchworth Village workers have traveled to Delaware County where their patients resided in nearby homes. Probably this is inevitable while patients are on the census of the several hospitals and schools, and while the distinction between psychotic and feebleminded is maintained in community care. The next step, then, in organization and development may well be a colony that can in certain situations resolve both of these matters simultaneously. It would receive and make transfers to and from the existing institutions, including perhaps Craig Colony for epileptics. I expect that it would be best for those hospitals and schools who have patients out to continue for the present. Indeed, I think family care as so far organized may be able to do some things that colony care cannot be expected to do at all, and can do better some that colony care may properly attempt. Conversely, a colony might be expected to maintain better supervision, to care for more deteriorated and delusional patients and to serve Greater New York and Long Island. It could give the city patients the advantages of home care, and the State the resulting economies in maintenance cost and capital outlay.

Lastly, the colony project would have to be implemented by an appropriation. The present family care program suffers by the want of money to carry on and by the necessity of paying board for out-patients from

money appropriated for maintenance. Just now it is being sharply curtailed by lack of available funds. The colony will require its own place in the budget.

In the city of Dun we are told that 90 per cent of the patients live either two or three in a family and that the guardians receive about 30 cents per day for each patient. About 10 cents more per day is required to cover wages, supervision, transportation and administration. A family with 2 patients would thus have an income of about $4.20 per week and one with 3 patients about $6.30 per week. At that rate there is a waiting list of 200 families who are ready to care for patients. Our experience with family care gives no ground to hope that an American family would stay home and look after patients for that amount of money, but five dollars a week does seem a sufficient allowance to a good number of families. A colony might obtain better rates for its milder patients. The per capita cost exclusive of housing for 1937-38 was for all state hospitals $407.82 and for state schools $350.67. If one subtracts say $210 per year for board there remains a large margin for administrative costs and little or no capital outlay, little or no interest to pay and no depreciation.

Perhaps with 9,575 patients over certified capacity in state hospitals and an excess of 1,868 in state schools, additional study should be given to administrative details and probable costs for submission to the next Legislature.

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NECROPSIES IN STATE HOSPITALS

BY SERGE ANDROP, M. D.

At the close of the nineteenth century a renewal of interest in the arts and sciences was very much in evidence throughout the civilized world. Medicine at best, however, was considered an art. Nevertheless, there are several branches of medicine which in their exactitude and certainty, and in the definiteness which is attached to them in all particulars, deserve to be recorded in the list of sciences. Anatomy and surgery are examples. Although it might seem presumptuous to place pathology, comprising the postmortem examination of the body and the gross and microscopic study of the organs after death, in such a category, there are many good reasons why it should receive such consideration. In a great majority of cases the expected lesions can be accurately indicated before death, and found at the autopsy with a degree of positiveness that amounts to a certainty. Further, if medicine is to make the transition from the arts into the sciences, a great concentration of our effort and research must be directed toward the rapid and scientific development of these particular branches.

The writer is here concerned primarily with one phase of pathology: namely, necropsies in state hospitals for the mentally ill. Great impetus was given to this phase in the United States in the closing years of the nineteenth century by the efforts of the superintendents of the various state hospitals. This is vividly reflected in the article by Allison[1] published in 1889. Although fully 50 years have elapsed since this appeal was made, reading it impresses one with its application to conditions as they exist at present:

> "The foundations of medicine are laid in general pathology, especially in that division of it known as pathological anatomy or the examination of the body after death from disease. It is by an association of clinical history with pathological anatomy by means of careful corroboration upon the postmortem table that physical diagnosis has reached its present high state of perfection. In all general diseases of the body the great majority of lesions are macroscopic in their appearances, and involves such areas and such depths as to be easily distinguished by the eye. Their exact nature, however, and their finer distinctions can be ascertained only by the use of the microscope, which is an indispensable adjunct in the elucidation of the more minute disturbances, and particularly of those intimate changes of nutrition which constitute the initiatory steps of the process of disease. Even with its aid we cannot always discover, but in most cases can only approach a little nearer

> to, the ultimate cause. Nevertheless, the pathology of physical disease affecting the body, including affections of the nerves and spinal cord, is largely satisfactory. The organ of the mind alone has to be grasped by the ordinary methods of anatomy and pathology, and in consequence its physical attributes, until late years, have been neglected."

This was a distinct plea for a study of the pathology of the brain.

Let us pause now to review the status of this branch of pathology as reflected in the statistical data on autopsies in state hospitals. James Adam[2] quotes from the report of the Lunacy Commissioners in 1882 as follows: "We are now glad to be able to report a great improvement in this respect as regards returns for 1881. Of the total 4,715 deaths which occurred last year, 1,789 were the subject of postmortem examination. The proportion of these autopsies to the total deaths in county, borough, and state asylums for the year 1880 was 37 per cent, but in 1881 it had risen to 59 per cent." In 1884 it was still higher (i. e., 69 per cent). A half century has since gone by, bringing with it great developments in the arts and sciences, and especially in medicine. Did pathology, and specifically that branch represented by necropsies in state hospitals and the study of the brain, share equally in the rapid progress of medicine? The answer may be found in comparing statistics for 1938 with those given above. The figures given below are taken from the report by the Council on Medical Education and Hospitals[3] revised to September 1, 1938, and computed therefrom by the writer as follows: 182 general hospitals had an incidence of 47,975 deaths and 17,829 autopsies, constituting a percentage of 38; 122 psychiatric and neurological hospitals had an incidence of 14,142 deaths and 4,843 autopsies, constituting a percentage of 34; 54 state hospitials had an incidence of 9,403 deaths and 2,974 autopsies, constituting 31 per cent. In the same year Spring Grove State Hospital (Maryland) had an incidence of 131 deaths and 54 autopsies, constituting 41 per cent. These figures speak for themselves: 69 per cent of autopsies in state hospitals in 1884 and only 31 per cent in 1938. Let us not overlook the fact too, that the 31 per cent of autopsies were obtained in hospitals approved by the council, which are of a higher standing and should naturally increase the percentage, but should the unapproved hospitals be included, the percentage would drop even lower. From a comparative study of the above figures several striking deductions may be made. First, the incidence of autopsies in the past 50 years in state hospitals dropped 55 per cent. This presents a situation that requires immediate and serious attention. The present paper, therefore, is devoted to a discussion of ways and means to improve this situation, for it is from the standpoint of pathology and not from that of metaphysics that

the greatest light may ultimately be thrown upon the phenomena of mental disease. Second, our general hospitals have a higher incidence of autopsies than the psychiatric institutions. Third (and very interesting) is the fact that private psychiatric hospitals have a higher incidence of autopsies than do the state institutions. This is at first difficult to understand, considering that most of the patients in state institutions are indigent, and therefore have some obligation to the state for their care. Actually then, we should expect a higher incidence of autopsies in state over private hospitals. Apparently there are other reasons which, however, will be considered later.

In addition to meeting the demands of clinical psychiatry in a state hospital for the past three years, the writer has been in charge of all its autopsies and neuropathological studies. He has made an effort to uncover the reasons for the low incidence of necropsies and the remedies that may be indicated. Our own statistics regarding autopsies for the past three years shows a certain degree of progress. Spring Grove State Hospital during the year 1936 had an incidence of 137 deaths and 37 autopsies, constituting 27 per cent. For the year 1937 the incidence was 131 deaths and 53 autopsies, or 40 per cent; and for the year 1938 the incidence was 144 deaths and 70 autopsies, providing a percentage of 48.5. In two years the frequency of autopsies at the hospital almost doubled, and should be considered a fairly good record. However, our goal is set at 100 per cent, and the writer will now endeavor to outline the means by which this goal may be approached. Some of these suggestions have already been put in operation; the others we plan to use in the very near future. Most of them are very simple and self-evident, and obtain in many of our hospitals at the present time. However, as the above statistics for state hospitals show a decline in the incidence of autopsies, it is hoped that a frank discussion of these principles will stimulate the members of the medical staffs of such hospitals to a concerted effort to bring the incidence of necropsies to a higher level. Such a course could not fail to stimulate a greater scientific spirit of inquiry, and to lead to an increased interest in pathology. It would be productive of a system of more careful observation of the living, and would vastly enhance the importance of the patient as an individual in the study, the treatment, the care, and in the cure of the mentally ill.

In order to present systematically the various phases of this subject, it will be dealt with under several distinct headings, the first being in relation to the immediate relatives of the deceased.

1. In approaching the relatives of a patient for an autopsy, the word "examination" should be preferred to "autopsy." In numerous cases a favorable reaction was obtained when the relatives were asked for permis-

sion to examine the body for causes of death, when a request for an autopsy might have resulted in an outright refusal.

2. Do not become overanxious or oversolicitous in making this request; be earnest, positive and to the point, and explain and answer all questions truthfully as they are asked. However, if one becomes overanxious and oversolicitous, he may destroy his chances of securing the desired consent.

3. There are times that are propitious for requesting an autopsy. The physician should be ever on the alert for these, and present his request at the opportune time. When the patient is transferred to the infirmary ward or to the ward for the acutely ill, when he is seriously ill or not expected to recover, when relatives ask for special attention or favors with respect to treatment, diet, or quarters, when they ask why science is so helpless and why it has not discovered a cure for their relative's illness—all these situations are psychologically favorable, and should be utilized in requesting permission for autopsy.

4. Do not wait to make an autopsy request until after the patient dies, for then the entire relationship has changed. Before death the relatives are receptive because they are seeking favors; as soon as the patient dies, the position is reversed. They are now grieving, dissatisfied with the outcome of the illness, and are difficult to approach for that reason. They are not interested any more, they have no reason to maintain a friendly relationship as they have no favors to beg, and if they do not refuse you outright, they will cite for you a thousand reasons why they must.

5. Do not endeavor to get permission on the telephone; it will result in more failures than successes. Make it a matter of such importance that it requires a personal interview. I have known physicians to call a neighbor after the death of a patient, asking him to go over to the bereaved and to request autopsy permission. Besides being very tactless, it usually results in failure. In that connection one must also remember that permission over the telephone may be questioned in court.

6. Endeavor to speak to the more intelligent and younger members of the family, especially among those of foreign birth. On numerous occasions I failed to impress the parents with my request, and appealed to a young daughter or son who were convinced by my plea, and secured the desired permission for me from their parents.

7. Have a printed form for complete autopsy permission, and have it signed by the next of kin in the presence of witnesses.

8. Be courteous and friendly with relatives, at all times maintaining good rapport; it will be most helpful when you request permission for an autopsy.

9. In performing the autopsy, be as careful and considerate of the body as it is humanly possible. Do not make any unnecessary incisions; if it is possible, make the needed ones where they are least apt to be seen when the body is viewed. The scalp incision should be made where it can be well covered by the hair, and neat suturing must be done. This is the part of the body which cannot be concealed, and must withstand the scrutiny and criticism of relatives and friends.

10. The idea that religious scruples are instrumental in keeping people from accepting autopsies as harmless and as aids to medical progress does not seem to hold good in this day. Statistics[4] show that several church-owned or operated hospitals were above 70 per cent in the incidence of autopsies for the years 1937 and 1938.

The following discussion pertains to the relationship with the undertaker. Be on friendly terms with the undertakers at all times. Remember that an undertaker may well play the decisive role in advising relatives regarding autopsy permission. In the majority of cases the relatives will consult the undertaker for advice before granting permission. Show the undertaker all possible courtesies. Have the body ready for him with the death certificate at the appointed time. I have known undertakers to have been obliged to wait from one-half hour to an hour for the body or the certificate when the physician might have had both ready on time, but apparently had made no effort to do so. Have the body in perfect condition for the undertaker: cleaned, washed, and incisions nicely closed with sutures. Be sure to ligate the blood vessels to prevent bleeding. Cooperation with the undertaker will have a tendency to increase appreciably the number of autopsies. The coroner and the coroner's physician may be further sources of autopsies. If you obtain their full confidence and cooperation, you can secure 100 per cent of autopsies in coroner's cases, for they can order an autopsy despite the relatives' protests.

A great deal depends on the medical staff. The pathologist must enlist the interest and full-hearted cooperation of the superintendent, clinical director, and all members of the medical staff as well as the nursing personnel. Sometimes an attendant may be instrumental in securing permission for an autopsy. All members of the staff must become ardent supporters of the cause; a physician who does not wholeheartedly believe in autopsies will not be successful in securing them from relatives. It was noted that with the change of physicians on the infirmary and the "acutely ill" wards, the incidence of autopsies fluctuated in direct proportion to the interest shown by the physician regarding autopsies. It was also noted that when the pathologist was away, autopsies dropped. To promote the interest and to secure the

cooperation of every member of the medical staff, the following measures are suggested:

1. Have a full-time pathologist to perform autopsies and do the neuropathology; if the hospital is too small to be able to afford a pathologist, one of the members of the medical staff who has the interest and neuropathological inclination should take over the job. He must be prepared to perform autopsies at any time during the day or night, as soon after death as possible, and certainly not later than six hours afterward in order to safeguard against the formation of artefacts in the tissues of the central nervous system. The brain and cord should be fixed in the proper fixing solution, then imbedded, sectioned, and stained. If the hospital has no facilities to carry out the necessary laboratory steps, an affiliation should be made with a medical school or public research laboratory where this work may be secured gratis.

2. The body must be kept in good refrigeration and a well-built, well-ventilated clean morgue with icebox and the necessary table, instruments, and assistance are required.

3. Whenever an autopsy is to be performed, each member of the medical staff and especially the physician who had been in attendance upon the deceased, should receive an invitation to witness, to help in the autopsy if he desires to do so, to make an inspection of all the organs as they are removed and examined by the pathologist, to ask any questions he may wish, to make suggestions, and to enter into a general discussion regarding the case. Secure their interest in the autopsies; discuss and explain findings as the autopsy progresses. Make a report of autopsy findings at staff meetings so that those unavoidably absent from the autopsy may be informed.

4. Make a detailed study of the brain in all cases, and the spinal cord when indicated; prepare stained sections for study by those members of the staff desirous of doing so. You will then have all the available data for a scientific study of the brain; the clinical findings, diagnosis, gross autopsy findings, and the neuropathology as presented by the slides. The case is now seen as a series of dynamic events, and can be viewed and discussed from its onset to its termination. It becomes of much greater interest than if we view only isolated, static events. Recently among our autopsy material, we had such interesting cases as Alzheimer's disease, Pick's lobar atrophy, amyotrophic lateral sclerosis, multiple sclerosis, postencephalitis, hypothalamic involvement, subacute combined degeneration, and many others.

5. The cause of vital statistics will be better served if the certificate is signed after the autopsy has been performed, and the cause of death deter-

mined. The assignment of cause of a great number of deaths to generalized arteriosclerosis will be considerably reduced by a conscientious autopsy procedure.

6. Have a cabinet made for the permanent preservation of the neuropathological slides, properly labeled, with an abstract and a description of the neuropathological findings, properly indexed and placed within easy access of the members of the medical staff, preferably in or near the laboratory with a microscope available at all times.

Many of our state hospitals possess the facilities to carry on the work outlined in this paper; however, some find themselves lacking these facilities, yet possessing the postmortem material for such study. I believe that it would be of great scientific advancement to have a full-time medical officer with the proper qualifications stationed in the department of public welfare or department of mental hygiene (as the case may be) in every state, whose duty it would be to coordinate all the clinical, neuropathological, and research work in all the institutions of the state. This would save much material that is now being lost, and would facilitate and stimulate greater scientific work in our state institutions for the good of the public, which is supporting them. Lastly, the writer wishes to refer again to the need for education of the public generally with respect to the value and harmlessness of postmortem examinations. When the public becomes cognizant of these facts, autopsies in state hospitals will rise to 100 per cent.

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THE IMPORTANCE OF POSTMORTEM EXAMINATIONS IN THE STATE HOSPITAL*

BY WILLIAM J. ALLEXSAHT, M. D.

The subject of postmortem examinations crops up from time to time in the literature. This is as it should be, for a subject of such vital importance to medical science must be brought forward occasionally and its many benefits recapitulated. By such we physicians are not allowed to forget that, just as much now as at that time when medical science was young, this form of inquiry is still one of the main sources of answers to the riddle of disease.

Therefore, I do not feel that I need offer any apologies for some of the matters which I shall discuss, and which may appear to you trite and obvious.

Let me then bring to your attention the advantages to be derived from a postmortem examination. From a purely nonscientific standpoint and especially applicable as arguments to offset any lay or family objections to the performance of an autopsy I may cite:

1. The family will be definitely assured as to the presence or absence of particular diseases which may have familial or hereditary tendencies, so that if such a disease is found to be present, proper safeguards can be taken to protect the children and others.

2. Any relation to previous injuries, occupational hazards or operations will be brought out.

3. The cause of certain obscure symptoms will be brought out and the extent of the disease determined to the satisfaction of the family.

4. By determining the exact cause of death, more accurate vital statistics will be provided, which will help to improve the ability of physicians.

5. A postmortem examination is of vital importance in certain medicolegal cases where death may have been due to the negligence of another and where suit is to be instituted.

6. It is an aid in research and in the evaluation of treatment. The State of New York is spending thousands of dollars each year through the facilities of the Psychiatric Institute and the various State hospitals in the study of the causes and treatment of mental disease. Patients, particularly those dying while undergoing insulin and metrazol therapy, after thorough postmortem examinations, may supply answers to the question as to why in some cases the treatment fails and in others is a success. The only way of

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arriving at the best method of treatment is by a study of those whom we fail to save.

7. It is a duty to humanity that such examinations be permitted and encouraged, for our present high level of development of medical science has been largely attained by opportunities afforded for such study in the past. We of the present generation should not deny this information to the future one.

Similarly from the standpoint of medicine postmortem examinations are of value for the following reasons:

1. In teaching anatomy and pathology to medical students, internes, the medical staff and nurses, they provide ideal material for study.

2. Such examinations are of value in the compilation of vital statistics —for a death certificate without an autopsy is only a physician's opinion.

3. Many diseases give no outward signs of the cause of death and a postmortem examination will enable one to arrive at a definite conclusion.

4. In many cases of sudden death a postmortem examination will not only clarify the cause of death, but also indicate the manner of death.

5. Many physicians treat patients in whom death occurs by violence. They may be called upon to testify in subsequent court action. Conclusive autopsy findings would be great value to them in presenting their testimony.

6. Finally, I may mention research. We should not delude ourselves that the time has come when nothing more can be discovered, either from an anatomical or pathological standpoint, by an examination of the dead body. Of course, such phenomenal discoveries as the circulation of the blood and the external and internal structure of the various organs, both in health and disease, have already been known to us for a long time. However, in our particular work as psychiatrists much could be gleaned from well-directed postmortem examinations and this brings me to the consideration of the second part of my paper, which is the value of such examinations to the State hospital.

From the annual report of the New York State Department of Mental Hygiene in 1937, the percentage of autopsies among deaths in the State hospitals varied between 12 and 45.7. The exception of the Syracuse Psychopathic Hospital with a percentage of 58.8 should be cited.. There the number of deaths was so few that I did not consider this figure representative of the entire State hospital system.. I cannot entirely agree with the statement in that report that local conditions outside of the respective hospitals influenced the great divergence in these figures, for comparing them

with those of private hospitals representing practically the same localities, one finds that their autopsy percentages do not vary much.

The answer to this question seems to be two-fold. To a minor degree it may be due to poor technique in obtaining autopsy permissions. However, the major reason therefor is the prevailing opinion at the respective institutions as to the value and importance of postmortem examinations in their respective spheres of activities.

As time does not permit me to go into much detail relative to the methods for obtaining permissions for postmortem examinations, I will merely suggest the following:

1. The ward physician is best qualified to solicit the permissions as he has already established a professional acquaintance with the relatives. There should be no divided responsibility in this regard..

2. This solicitation should always be done in the physician's office, never in the hall or ward. Before talking to the relatives it is very important to review the patient's history in order to be familiar with every detail of the case. Never let the relatives feel that you do not know all there is to know about the deceased.

3. The interview should be conducted with dignity. High-pressure arguments, threats or quarreling should have no place in this discussion.

4. Permission should be obtained at once and delay avoided. If it is necessary to talk with the relatives over the telephone, the same dignity and decorum should prevail.

5. In order not to appear callous, permission for a postmortem examination should preferably be obtained after death. However, before death the physician may, by appropriate remarks on the puzzling features of the disease, prepare the relatives subtly and unobtrusively for a later final request.

6. As soon as the request for permission is broached, the physician must then have at his finger-tips all the arguments for the need of such an examination which I shall again briefly review:

Duty to humanity.
Determination of the cause of death.
Extent of the disease.
Importance in medicolegal cases.
Rarity of the disease, if this be true.
Aid to research.
Evaluation of treatment.
Postmortem examinations are common procedures.

The physician should also be prepared for the most common objections which may be offered and which are:

a) To refute the statement that this is an ordinary case, one may say that many important observations have come from cases which on the surface appeared ordinary.

b) That it will disfigure and mutilate the body may be countered with the statement that the examination will be performed by a skilled specialist; that no incision will show and that there will be no interference with the embalming of the body.

c) To those of orthodox Jewish faith who claim that their religion forbids the performance of an autopsy, we can cite the statements of such men as Rabbi B. S. Levinthal of Philadelphia, Dr. Joseph Z. Lauterbach, a prominent Jewish scholar, writing in the American Israelite and Dr. Charles D. Spivak, another noted Jewish scholar, writing in the New York State Journal of Medicine. All agree that there is nothing in the Talmudic Rabbinic Law which prohibits postmortem examinations so long as by so doing another human life can be thereby saved.

With regard to a decreased degree of enthusiasm in some institutions toward the subject of postmortem examinations there is, as already indicated, only one remedy and this is research.

This work must necessarily be done by the pathologist working through the laboratory. You are probably privately wondering how this is to be done in view of the fact that in most insitutions the entire efforts of the pathologist and his technician, if he has one, are mainly devoted to meeting the demands of routine clinical pathological work. The individual worker along this line in the State hospital, unless he is unusually gifted and has at his command adequate technical help, cannot go far. Modern research is growing in complexity and the day of the lone-wolf research worker is on the wane, just as the day of the individual inventor or sourdough prospector is past and gone. Problems such as confront us in psychiatry are too vast and complicated to be attacked with profit by a lone individual and require concerted action under a central guidance. This method will not make the individual investigator stand out very conspicuously in the reflected light of research, but he will rather be a member of a team having a definite goal.

Since most State hospitals possess fairly adequate laboratory facilities, but lack laboratory personnel, a conjoint investigation on some anatomic or pathologic problem would be more practical in which data obtained at autopsy may be utilized. Almost all such investigations in the past have been along the line of microscopic anatomy and pathology. We have a host of stains which we gleefully apply to the central nervous system, so that

eventually we know so much about the structure of the leaves that we cannot recognize the trunk.

There are now listed as many lesions alleged to be found in dementia præcox as there have been individual investigators who had the gift of presenting their theses convincingly. This has gone so far that now we say that there are no demonstrable lesions and those that are present are psychic in nature and invisible. In fact that pendulum has swung so far in this direction that, from the psychoanalytical school we are receiving a veritable monsoon of literature. Thus the voices of those calling attention to the possibility that the trunk of the tree may influence the growth of the leaves or that bodily makeup may be a determining factor in the predisposition to the development of a psychosis, have been heard as mere echoes in the wilderness.

In a recently published voluminous text of psychiatry, its author discusses learnedly and at great length such factors influencing the development of a psychosis as heredity, environment, education, social surroundings and economic status. A diligent search revealed nothing concerning the influence of physical constitution, save a few paragraphs devoted to gestalt psychology and a mere mention of Kretschmer's bodily types in the chapter dealing with the history of psychiatry. Physique as such occupies a most subordinate position in this work. Lewis' interesting work dealing with some hypoplastic regressive changes found in the organs of schizophrenic individuals is, of course, not mentioned.

This, then, as a start could be made an attractive problem to be taken up collectively by the team. We have a wealth of material for this work in the number of autopsies that are performed each year and there is an excellent opportunity in the State hospitals to have a concerted study made along this line. In 1937 there were in all 1,679 autopsies performed in the New York State hospitals. With a little stimulation of enthusiasm which a study of this type would bring, this figure could be raised materially.

Of course, a project of this sort would need central guidance, coordination and evaluation. In conclusion I wish to entertain a strong plea for a setup of this kind, preferably directed by the Psychiatric Institute.

EXTENSION OF THE PAROLE SYSTEM IN STATE HOSPITALS

BY JOHN A. PRITCHARD, M. D.

At a quarterly conference held February 21, 1913, E. H. Howard,[1] then superintendent of the Rochester State Hospital, read a paper titled "The Parole System and Aftercare Treatment." It seems that the State Hospital Commission had appeared before a "committee of inquiry" which had expressed a widespread belief that a great many patients could be cared for at home on the parole system. The Commissioner had, therefore, asked for the presentation of such a paper. Howard commented favorably on the change of the parole period from 30 days to six months; described the system of parole and aftercare in operation at his hospital; stated that nearly 7 per cent of his patients were on parole; and attributed much of the success of the work to the fact that he had appointed an aftercare agent. He outlined her duties both at the hospital and in the field, and cited the contacts she should establish, which were practically the same as for our social workers today. He called attention to the benefit of parole to the patient and the State, and suggested that there might be a total of about two thousand patients on parole from all hospitals. In view of the recent experience of hospitals and schools with family care, the concluding paragraph of his paper is quoted: "It is almost impossible to consider the financial benefits to the State derived from this system, without giving serious consideration to the plan of boarding out patients, which is carried on in Scotland and to a modified degree in our neighboring state of Massachusetts. All that is needed to make these measures successful to a reasonable degree, is to provide adequate supervision, which would not cost more than supervision in the hospitals. The outlay for construction and equipment would be saved, in addition to the increased happiness and comfort of the patients."

Dr. Hurd commented on Howard's suggestions as follows: "Dr. Howard's radicalism seems to me to increase with years and experience, and he appears to advocate things which he did not a year ago. That this radicalism is progress I am not sure." Dr. Hurd further stated that he felt great caution should be exercised in paroling patients; that it was more important to oppose the urging of relatives than to solicit their assistance, and that a good-natured man like Dr. Howard found it hard to say no. Dr. Pilgrim agreed with Dr. Hurd and reported upon his visit to Gheel where he considered the patients to be not as well off as in any well-conducted institution. Dr. Wagner ably supported Dr. Howard; felt that the fact that a few paroles returned to us worse than when they left should in no wise deter us from continuing the practice if the great majority were benefited; and stated that he was stimulated by the paper and would institute greater ac-

tivity in the matter at Binghamton. Dr. Ashley felt that the law should be modified to compel responsible relatives to take unrecovered harmless patients from the hospital. Dr. Mabon outlined the work done for the Manhattan and Central Islip State hospitals by the first aftercare agent, appointed by the State October 1, 1911, and made a plea for aftercare workers in every hospital. Dr. Macy stressed the uncooperative attitude of relatives in many cases. In closing the discussion, Dr. Howard said that, if there was anything he regretted, it was that his statements were not more radical. These remarks give briefly the attitude of superintendents toward this topic 26 years ago.

Again in the year 1913, Homer Folks,[2] secretary of the State Charities Aid Association, addressing a quarterly conference on "Aftercare of the Insane," strongly urged the establishment by the State, of the same type of supervision and aftercare for the paroled insane as for the paroled prisoner. For the latter it had been found necessary, in order to secure the best results, to appoint specially trained, competent, carefully selected parole officers. For at least one prison the ratio became one officer to every 25 prisoners on parole.

Dr. Salmon, discussing this matter some years later, recommended a systematic and continuous survey of the institutional population, together with some plan of intrahospital transfer, which would tend to disclose cases likely to be benefited by a new environment, and Dr. Garvin, when superintendent of Kings Park State Hospital, suggested that the clinical director should, at least every four months, make a survey of the entire institution, with the cooperation of the ward physicians, to examine patients who might be parole possibilities, and he felt that this constant combing would certainly prove of value in increasing the number on parole. Another superintendent, whom I cannot identify, made the following statement: "The ward physician must be imbued with the idea that the worst place for a patient is on the ward, and the more time spent off it each day by the patient, the better. No employee should go anywhere about the grounds without two or more patients with him—they have a right to go along. By sending patients on errands, and gradually extending their scope which would also lessen their supervision, greater liberty can be granted and parole possibilities better determined. Lapses by the patient should not lead to a sudden discontinuing of the privileges, but to additional trials." He also thought it advisable to permit them to earn a little money in the neighborhood, which would develop their sense of being self-supporting, although he realized that this might result in some difficulties with the community or with labor organizations. The thought was also expressed that the personnel in the hospital industries should have a knowledge of mental nursing in the field of

occupational therapy, as these industries prove to be valuable channels in which to mold the patients for parole and self-support. It appeared to him that at times there was more solicitation about getting the work done cheaply than about returning the patient to his home.

In 1920, Garvin,[3] at a quarterly conference, read a paper in which he referred to the cooperation of staff, social workers, supervisors and charges; the necessity for repeated conferences to stress the needs and merits of the extension of the parole system; the value of social workers in removing the opposition of relatives and adjusting family differences, and the advantages of ground parole to develop confidence in the patient and give information as to the probable reaction to home parole.

In an article on "The Activities and Uses of a Parole Clinic," Mills[4] stated his conviction of the desirability of such a clinic and the need for an adequate social service department. He was, however, opposed to forcing out of the hospitals mentally sick individuals, merely to lower maintenance costs. Further, he felt that many patients on parole were not properly cared for from a nutritional, humane, or hygienic standpoint.

Again, at a quarterly conference in March, 1922, Blaisdell[5] read a paper titled "What Patients May Safely Be Paroled?" He stated, "The parole list in any hospital will be increased in proportion to the liberality of the viewpoint of its management, and the amount of work done and care taken in studying and investigating its cases to find who are suitable or safe for parole, and to see that adequate supervision will be provided." He called attention to the fact that from two small wards of the most active patients, an enthusiastic ward physician placed 20 per cent on parole. Blaisdell also expressed his conviction that the number of patients in civil hospitals that could not be safely paroled, was small.

In discussing this paper, Dr. Hutchings used the following words to emphasize the importance of paroling seniles: "Often in families, when grandfather is sent to the hospital, they assume at once that the patient will never return, and the room he occupied is rented or disposed of in some way, the son or daughter who has cared for him goes away to work and the home is changed. After a month or six weeks, we have got the old gentleman pretty thoroughly eliminated of the autointoxication which gave rise to his restlessness and excitement, and he is back in his old condition of senile dementia. He has had it for years, and was taken care of, but now when we write the family and suggest they take him home again, they are not prepared, there are no conveniences in the home. They make one excuse after another, and we conclude there is no other suitable place for him, so he stays on. So I have asked the assistant physicians, when a senile case is admitted, to offer every encouragement that the patient will soon be dis-

charged, that the symptoms which made his commitment necessary are temporary in character, and that it will not be many weeks before he can be returned home. Our infirmary wards are filled with patients requiring very little skilled attention, merely needing to be waited upon and given ordinary care."

From a study of 1,000 patients paroled from the Middletown State Hospital, Ashley,[6] in 1922, reported that almost one-third returned, of which number few were wholly or even partially self-supporting, which indicated the importance of the economic factor. He found that about 25 per cent had social conflicts, but only slightly more than 1 per cent had been arrested.

Philip Smith,[7] at a conference in December, 1922, read a paper on "Further Extension of Paroles and Aftercare Treatment," in which he discussed the practicability of the establishment of a home or center, somewhat along the line of the colonies for the mental defectives, to which recovered and friendless, or chronic and quiescent patients, needing some supervision, might be sent for trial, and for a period to permit readjustment to life away from the institution. These centers could have some recreational facilities which patients miss after leaving the hospital. He also considered that an increase in the number of physicians, nurses, and instructors in occupational therapy would hasten parole, and that an adequate staff of social workers would extend the number and duration of paroles.

In a paper on "The Development and Extension of the Parole System in New York State," read at a quarterly conference in December, 1926, Pollock[8] urged intensive treatment, and intermediate stations for parole patients, where colony life would much resemble home life, and stressed the necessity for paroling recovering as well as recovered patients.

At another conference at the Rome State School in September, 1927, Bernstein[9] presented a paper on "Advantages of Colony Care of Mental Defectives." Cheney[10] followed with one entitled "Are Colonies Practicable in the Treatment of the Insane?" in which, after considering the care of patients in detached buildings, farm cottages and the like on hospital grounds, he also referred to care away from the institution. He concluded: "There is suggested at this time for consideration, the possibility of the State hospitals establishing in their communities, preferably in cities, houses to be rented, furnished and maintained by the State, and to be supervised by hospital employees, into which patients may come from our hospitals." His impression was that the experience of Bernstein would indicate that such a policy could be successfully adopted for the care of our hospital patients.

At an interhospital meeting in December, 1930, Witzel[11] read a paper on "Parole and Clinic Program at the Brooklyn State Hospital." Inasmuch as this hospital now has 20 per cent of its patients on parole, this paper is well worth careful consideration. Witzel referred to the weekly conferences on each service between ward physicians and the clinical director, for the summary, diagnosis and case discussion, at which time parole possibilities are noted and intensive work on such is directed. The patient is also informed of his improvement, of the hope for his parole, and of the importance of his assisting himself toward it. The clinical director has a card index of these patients, and frequent reports are requested of the ward physician as to their treatment and progress; if their parole had to be deferred, reasons are given and a date set for later consideration. He also has an index of those returned from parole, which is reviewed frequently. Relatives are often questioned as to whether they have noted the patient's improvement and are giving thought to his parole. Nonvisiting relatives are written to and asked to come and discuss parole, and if they do not respond, the social worker is sent to contact them, and usually obtains their cooperation. Home visits of a day or two are allowed which act as a tryout for both patient and relatives. Before a patient goes to a clinic, its function is carefully explained to him, and notations of his tendencies or special supervision required are made on the copy of his summary sent to the social service department. This is helpful to the social worker and to the physician who sees the patient at clinic. Witzel gave details of the operation of the clinic, and summarized his presentation in the following sentence: "The parole and clinic program outlined has come to be accepted at the Brooklyn State Hospital as an active dynamic service—just as much so as the reception and continued treatment services—not a distinct or separate entity, but a service closely integrated with the various therapeutic and prophylactic activities of the hospital."

Bellsmith,[12] chief social worker at Central Islip State Hospital, in an article on "Obstacles of Family Attitudes in Rehabilitation of State Hospital Patients" wrote: "If we can gain the confidence of relatives, so that they feel we understand their problems, that these problems are not peculiar to them, but to many others in similar situations, and if we can take what they have to offer and through that work out an acceptable plan for the patient, we will make more rapid advance, than if we endeavor to impose a plan we have made for them, without their active participation."

Schied,[13] chief social worker at the Utica State Hospital, in writing on "What the State Hospital Expects of the Community Social Worker" states, "They should realize that a patient, after being treated in the hospital still belongs to the community, and deserves the respect and considera-

tion that would be given any other citizen, and that the responsibility of the preventive care and treatment of mental disease rests with every citizen as well as with the Department of Mental Hygiene."

After carefully considering the opinions and ideas outlined in the preceding paragraphs, I feel that they express about all that can be said concerning the extension of the parole system. Perhaps some of the measures suggested have not been found as practical in application as might have been thought, but in any event it appears the matter has been approached from every angle. There is, however, one factor which I think is very important in keeping down the number of our paroles, and which has been referred to only indirectly, and that is the economic one. For some years we have been and still are, in a severe depression which has resulted in families living in smaller accommodations, and often in the combining of two or more households into one, with the resultant lack of facilities to care for any additional members. The wage earners of the group are fewer, and strict economy is necessary to make ends meet. If families are on welfare, the allowance must be increased for each additional member, and extra work of our social service department and active cooperation of the welfare organization are necessary to bring this about. The additional load carried by our social workers has been greatly increased of late because of this, for at Buffalo about 20 per cent of our patients' families whom we have contacted are recipients of relief. Economy in our department, necessitated by reduced appropriations, has tended to limit the number and activities of our social workers, and to reduce the staff and ward personnel, with consequent lessened individual attention to patients, the importance of which in hastening improvement is so well known to us all. Because of widespread unemployment, it is extremely difficult to obtain positions for parole patients to make them even in part self-supporting. Then too, when patients are without interested relatives, are not recovered, and we are unable to obtain employment for them, there seems to be nothing to do but to keep them in the hospital until favorable conditions develop, when we can allow them to leave with at least reasonable assurance that they are having a fair opportunity to make good. If and when economic conditions improve, I feel that we can look for a definite increase in our paroles. In the meantime, however, we should be alert to all possibilities of parole.

Another cause for growing concern is the noteworthy increase of late years in the number of arteriosclerotic patients who are admitted, to become permanent hospital residents. If we are to obtain any relief from this situation, we must develop an active parole campaign for them similar to that recommended above by Dr. Hutchings for seniles.

A summary of the more important recommendations for efforts toward increasing paroles would, I think, include the following:

1. Consider every admission a parole possibility until proved otherwise. Develop a parole-conscious staff and ward personnel.

2. Frequently review cases with parole in mind; the clinical director should inquire why a patient *cannot* go on parole, rather than to seek positive reasons alone.

3. Do not be too resistant to suggestion of parole. A very small percentage of former patients get into legal difficulties, even if we include those discharged on writs of habeas corpus.

4. Ground privileges and home visits of a few days give valuable information of parole possibilities.

5. Enlighten relatives in the knowledge that simple senility, mild arteriosclerotic defects and life-long eccentricities may remain after psychotic symptoms subside, but that they do not necessitate continued hospital residence.

6. Be as individualistic with relatives as with patients and make a diplomatic and friendly approach to the parole suggestion.

7. Be hesitant to give an unfavorable parole prognosis even though that for recovery may be so. This attitude will keep relatives more encouraged, expectant and ready to cooperate.

8. Do not allow parole possibilities to remain so long that they become institutionalized. This may cause difficulty in adjusting to life outside, or may bring about in the patient antagonism to leaving, which may show itself in malingering or threats of self injury. It should be borne in mind that many of our patients come from and will return to, homes of varying degrees of poverty and lacking in the nutritional, sanitary and entertainment facilities of the hospital.

9. Study carefully the parole procedures in those hospitals having the highest parole percentages, and adopt all policies that have been proved advantageous and practicable.

10. Use the social service department in every possible way to extend paroles. The service it can and does render is invaluable.

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EXTENSION OF THE PAROLE SYSTEM IN STATE SCHOOLS

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If one follows the history of institutional management of the feebleminded in New York State, the fluctuations of thought that have occurred in this country regarding their care become readily apparent. When the first such institution was founded in 1851, it was believed that the so-called idiot could be so trained that he would eventually take his place in the world, however small that place might be. As the result, in August of each year the whole institution population at Syracuse was permitted to return home for a period of one month. This might be termed the first attempt at parole. Then came an ever increasing opinion that custodial care was necessary, until at the beginning of the century complete segregation had come to dominate the picture. Two factors were chiefly responsible for this widespread concern about a problem which had previously existed without any general public alarm; according to Dr. Davies, they were: the development and application of the Binet-Simon intelligence tests and emergence of the eugenics movement. To the mentally deficient, the eugenicists attributed crime delinquency, degeneracy, poverty, vagrancy and immorality. Reports indicated that in prisons and in reform schools this group constituted 75 to 85 per centum of the institution population. They were believed to be responsible for a large proportion of all needed charitable assistance. It was believed that they were capable of procreating only their own kind, and the legends of the Jukes and the Kallikaks flourished in all scientific investigations. There seemed then only one way to meet the situation: Institutions must be built as rapidly as possible, in which the mental defective could be placed, there to stay for the remainder of his life.

With the advent of the World War and the calling up of a draft army, group mental tests appeared to show that there had lived in all communities a large group of persons who by psychological tests were held to be mentally deficient yet who had created no outstanding problem and had given no impression of social inadequacy. These tests indicated that 19 million persons, or 17 per centum of our population, had mental ages under eleven years. Although these results have since been determined to have been somewhat inaccurate, it is believed, however, that approximately one per cent of the population is feebleminded according to standardized tests. Among the school population, it is conceded that probably 2 per centum fall into this group. At no time has any institutional program absorbed from the community more than from 5 to 10 per centum of the supposed cases, leaving about 90 per centum without institutional supervision. Doubtless, many of these latter are receiving or have received charitable assist-

ance, some have fallen into criminal behavior, and some have reared more feebleminded persons. It follows however, that the vast majority are getting along in the community somehow or other by their own efforts. They may not be distinct community assets yet they perform types of work which normal persons perform only when absolutely necessary. They must be more or less law-abiding, more or less self-supporting.

In the period following the World War the attitude of the public and of institutions gradually changed from a policy of strict segregation to one much more liberal. Although laws permitting the parole of the feebleminded from the State schools had been passed in 1909, and laws permitting the establishment of colonies were enacted at a date shortly thereafter, activity in the field of social service and a definite parole system did not reach large dimensions until after 1920. The most outstanding factor in this change of thought likely occurred when all states found that they would never be able to build sufficiently to bring all mental defectives within institution walls. This was aided by a lessening of the eugenics fad, and by surveys that showed that the feebleminded were not in themselves criminals and that the figures first reported were far too high, not more than 15 to 30 per centum being found in reform school and prison populations. Dr. George Wallace of Massachusetts expressed the opinion that the reason for their being found in correctional institutions in such high ratios was that they were more easily caught. The pawns of the more intelligent, once brought before the court they had no rich or responsible relatives to assist in their release. Influential in this more liberal policy of parole and colonization it is fitting that we mention Drs. Fernald and Wallace of Massachusetts and Dr. Bernstein of our own State. They saw among the mental defectives both the good and the bad, but could see no reason why the good should not again enjoy community life. Where others had failed to intellectualize, these men felt that they could socialize. The number on parole gradually increased, and new colonies were developed until at the present time all our State schools are actively engaged in social placements.

Today, due to increased economic pressure, we are asked to consider what steps may be taken to extend the parole work which is now being carried on. The schools of the State are overcrowded, admission waiting lists exist and with the present temporary curtailment of funds for boarding-out care (which measure has proven so satisfactory), new avenues of release must be found without extensive additional cost.

During recent years, due to better clinic facilities, the types of mental defectives selected for institutional placement have shown considerable change. The schools now receive large groups of idiots and low-grade imbeciles for whose care even the parents do not wish to assume normal respon-

sibility. Poor financial conditions may play a part in this; however, there appears to be an intangible factor causing such a child to be rejected as a part of the family group. Then there is the crippled child of both low-grade and high-grade mentality for whom institutional care alone suffices. The schools also receive children of school age coming from communities in which, due to lack of special class facilities, instruction cannot be advantageously carried out in the public schools. Of the moron group, two classes are being admitted in increasing numbers. The first is the psychopathic type of feebleminded. Such individuals are constantly in trouble, unable to adapt themselves to new situations and if emotionally unstable (as is frequently found among the females) prove themselves unable to control their instinctual drives. The second is a group well described by Dr. James Tower. They are reared in an unfortunate home environment, untrained, and accustomed to overcrowding, low moral standards, alcoholism, brutality and dependency. In some instances, the home has been broken. Such children are not suitable for adoption and because unfavorable personalities and delinquencies exist in the majority of instances, they cannot be considered for boarding homes or orphanages. This is the material with which the schools are today contending. Seldom do we now admit the placid feebleminded, for such persons can be well looked after in community foster homes.

At the outset, we find that some of the above groups are not suitable for parole. It goes without question that the idiots and low-grade imbeciles necessarily form a custodial group. The same applies to the crippled feebleminded. Another group in which parole has not been successful are those admitted from communities where special class training is not available. If allowed to return home, they are at once at cross currents with the compulsory education laws and they develop feelings of inferiority if placed in schools with normal children. This leads to delinquencies and to their prompt return. We are limited, therefore, in our paroles, to the group of high-grade imbeciles, and the morons, who have been properly trained and socially adjusted. The best age for parole seems to be between 16 and 20 when the individual has reached his greatest mental capacity and is yet pliable enough to fit easily into a new environment.

In general the schools have two outlets for parole of the patients: (1) To their own homes or to relatives; (2) To employers for wages. Of the two types, no doubt the second is the better, for the institution is not only able to carefully select the person for parole, but also to select the home and environment in which the parole is to take place. We have had little success in altering the parental homes or environment or in persuading the parents that the promise of steady employment is a desirable attribute for parole.

On August 1, 1939, with a total census of 16,963 in the five State schools, 1,888, or 11 per centum, were on parole. By institutions the percentages were as follows: Letchworth Village, 7; Newark, 18; Rome, 10; Syracuse, 28; Wassaic, 6. It is appreciated that the types of admissions and the location of the institution affect the number on parole both favorably and adversely. Institutions accepting all types of mental defect cannot possibly have as large a percentage of paroles as those in which the high-grade defectives predominate. Again, institutions located near large urban centers will have lower percentages, for the feebleminded require a simplified environment if they are going to compete successfully. Moreover, it is well to point out that the duration of parole from the several State schools is indefinite and that these institutions are not restricted to the period of one year, as is the practice in State hospitals. The length of parole then is a matter of individual policy. It is felt necessary that the period remain indefinite for we are not dealing with recoverable material and many patients are obliged to stay under institutional supervision until they have saved enough from their own earnings to tide them over the proverbial "rainy day," should eventual discharge be brought about.

It is without doubt an accepted fact that the mental defective in the community always lives on the fringe of economic subsistence. With economic conditions as they are today, to present means and methods whereby additional numbers may be released from the institutions with safety, offers a distinct problem.

If the institutions are to undertake the return to community life of a greater number of their wards and if these returns are to be successful, much will depend upon the training offered to the feebleminded individual, rather than that to the group. In each of the schools, there already exist well-developed academic grade departments. This we consider essential since to be able to read, write and do simple mathematical calculations gives a definite sense of security and attainment. In each of the schools we also find training centers for domestic work for the girls and farm work for the boys. This training should be made simple, practical and individual insofar as possible. We have never felt that we could teach cooking in the institution kitchen nor laundering in the institution laundry. It should be a classroom project. For years training along these lines has led to direct parole. However, if the parole shall not result in failure, we must consider not only the development of a trained worker, but also of a properly socialized individual. The matter of social competence of the feebleminded has not yet been thoroughly investigated and until recently there has been no satisfactory means of measuring its various degrees. It, therefore, follows that greater effort will have to be placed on this socializing process. Upon

admission to the institution, all children should be classified relative to their potential level of social competence and their working ability. The employees should be instructed regarding the ends to be attained and periodically the personality of the child should be checked to ascertain if the desired results are being brought about. While the program of training should be based on this classification, it does not follow that we need a large variety of vocations but rather that the training be more intensified and limited in the lower grade groups and more extensive in the higher grade groups. Definite habits of work are most essential to all but the social training will be especially important to the high-grade and borderline groups. No matter how well developed their academic training, no matter how well developed the work training, unless the personality and behavior has been so altered that they will fit into varying community situations, their proper rehabilitation will never occur.

For years colonies have played a definite part in the system of training the mental defective for social life. First conceived for the purpose of creating more bed space at low cost, they now form one stage in the moving-up process from the institution to parole, and, at the same time, can be used as a reward for good behavior, which in itself is an important adjunct in socialization. At this time we are especially interested in the working colony for both boys and girls because of its community contact. From the domestic working colony, the girl goes out by the day for employment in the private home. Thus she is able to observe life in the well-balanced normal home, and to learn how the work of such a home is planned and carried on. She is also permitted to shop in well-organized stores, she learns the value of money and what can be purchased to the greatest advantage with her money. She is permitted to attend the community theaters and church services under normal conditions. At the same time, through the presence of institution employees and administration, the necessary degree of supervision to protect the individual and the community is being offered.

The working farm colony for boys located in the center of a good farming district permits the boy to work on a well-managed, up-to-date farm, and as in the case of the girl, to have the advantages of participating in the community activities of the neighboring small towns.

In addition to having a socializing value for the defective boy and girl, these colonies act as centers of enlightenment to the people in the community so that they may come to know that the trained feebleminded can do good work; that they are not dangerous to the community, but rather a distinct asset. As duties in the homes or on the farms increase and help is needed, this introductory process through the colony leads to the larger social responsibilities of parole and perhaps, eventually, discharge.

In view of the fact that this type of colony has in the past been more or less self-supporting, and has so capably acted as a stepping stone between the institution and the community, we should like to suggest that such colonies be established in practically every county of the State. These colonies need not necessarily be under control of a single institution, but instead should be centrally coordinated. This would permit each institution to send to them the well-trained workers who were originally committed from that county. In this way, the feebleminded would be returning to their own counties, where they might eventually be paroled, and thus the present settlement laws, which so often prove troublesome, could be avoided.

There is today much evidence that the precedent of segregation and custodial care still lives in the minds of those responsible for the social control of the feebleminded. Without a doubt, this attitude has been built on sound foundations. However, if paroles are to be increased, a more liberal outlook must obtain or, as suggested by one superintendent, "we shall have to take more chances." While this policy may not, in itself, appear to be good practice, it must be admitted that in many cases it results in the favorable adjustment of the individual. It has been noted by many that often when children escape from the schools and later are discharged, they are found to have been working steadily, to have made a fairly satisfactory community adjustment, and to have come into no conflict with the law. It must, however, be conceded that at times the environment in which they are found would not have been approved by the institutional management.

This brings us to the point that many times we try to parole the feebleminded to places where the highest standards of conduct are required, and in so doing we establish an arbitrary norm based upon our own conception of ethics and social standards. It is a place where we would like to live, rather than a simplified environment to which the mental defective can properly and permanently adjust.

Again, many of our paroles would have been considered to have made a satisfactory extrainstitutional adjustment if the administration had disregarded what one might term a normal interest in the opposite sex. The fear of sex delinquency many times prevents parole. If we consider that our feebleminded react to an instinctive urge which is present in all persons, we should not always consider rather normal flirtations of our patients with the opposite sex as sufficient reason for discontinuing their parole. In other words, as Potter once said, "If we put our eugenical pride in our pocket, we would have a far greater number of successes on parole." It must be admitted that our knowledge of the hereditary factor in feeblemindedness continues in a speculative state and, therefore, difficult of application when one

is confronted with the problem of increasing the paroles of the higher-grade defectives committed to our schools.

Another means of augmenting paroles would be a periodic survey of our institution populations to determine those who had benefited by their training both in work and in social adaptation. With this information at hand, the home situation should be reinvestigated, for many times the child has been admitted during a period of temporary stress, either of financial nature or due to illness in the family. If the parental home should be found unfavorable, then the homes of brothers or sisters who have grown up and established homes of their own during the patient's residence in the institution should be considered. Short vacations, especially during the summer, often meet with prompt approval of the welfare or committing authorities who would be loath to consent to an indefinite parole. By the short vacation, the patient is reintroduced to his former environment and, if improvement has taken place, a more extended and indefinite parole is occasionally agreed upon.

Perhaps no person requires a helping hand and good advice more than does the mental defective. No matter how well adjusted the defectives may be in the institution, if they are to be paroled successfully, the supervision of understanding social workers is essential. The specific environment in which they are placed must be studied frequently in relation to each individual's assets and liabilities. They must be personally counseled regarding their friendships, their work, their religious activities and their recreation. They must be steered clear of the pitfalls to which they so easily and without judgment succumb. To carry on this work with increasing numbers, additional social workers would be needed in order that we might maintain the present degree of efficiency. There would also be required sufficient funds to make possible frequent visits to those on parole. We would recommend, besides, a closer cooperation with the social service departmnts of the State hospitals, because of their wider distribution throughout the State and with the county departments of public welfare which are now better organized than ever before to assist the institutions. If this is to be done, however, the schools should be prepared to furnish detailed summaries in each case with definite recommendations regarding what is to be expected of the patients and the limitations in their ability to live a community life. We should also bring into play all other community resources, this to include the churches, Boy Scouts, Y. M. C. A., Volunteers of America and the Salvation Army.

In England and in some states of our union, the community care of the feebleminded now rests with a central board of control. It is claimed that registration with this board of all known cases of mental deficiency has led

to better supervision, better care. In this State we have made a beginning in community registration, in following the recent order of the Department of Mental Hygiene that when paroles, escapes and discharges occur, the commissioner of public welfare of the county from which the child was admitted should be advised. Perhaps it would be beneficial if in addition to such notification, a similar report were sent to the welfare authorities of the county in which the patient was being paroled. This is especially applicable to the State schools, for frequently the community releases for remunerative employment do not take place in the county in which the patient has a legal settlement. In one state, in addition to registration with the central board of control, this registration is extended to the bureau of vital statistics, whereupon prevention of marriage is brought about whenever a feebleminded person so registered applies for license to marry. Whether this might assist in the problem appears distinctly questionable. At least, those who have been trained and returned to the community should have all the benefits of community supervision that it is possible to obtain. At the same time we should maintain a nice balance whereby no steps are taken which might might tend to stigmatize the individual in the eyes of his coworkers and associates.

The parole of the feebleminded from institutions has been and will always be a matter of trial and error. There will be failures, there will be successes. It must be remembered that our choice of material is limited to those patients who have been committed because of their failure to meet and adjust themselves to community demands. However, if the large majority of the feebleminded are able to live in the community with a fair degree of success, it would appear that the institutions can bring about successful paroles if those entrusted to their care have received the proper training, if proper supervision is provided during parole, and if the step from the institution to the community has not been effected too suddenly. Should they eventually become self-supporting, or even partially self-supporting, and are living within the bounds of society's demands, one should be content. There are different standards of living for different types of individuals, and if the defective individual leads a cleanly, industrious, quiet and inoffensive life, he has probably come somewhat near attaining the peak of all that can be expected of him. The large majority will, undoubtedly, always be plodders and servers of others.

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THE VALUE OF ACADEMIC TRAINING FOR MENTALLY RETARDED CHILDREN IN AN INSTITUTION*

BY B. ELIZABETH McKAY and W. HELEN CASHORE

There has been considerable controversy over the value of academic training for mentally retarded children. In the past, the manual type of training has been considered the type in which the retarded child excelled. It has been supposed that here he would lose the sense of failure which he tends to acquire as a result of his inability to progress in the regular academic grades. For this reason manual work has been emphasized for him.

It is indeed a fact that the majority of retarded children have the nonverbal rather than the verbal type of intelligence; that they are able to comprehend concrete material and to deal with *things* but have difficulty in acquiring and handling *words*. It is the latter type of intellectual functioning that is necessary in academic work and in this they are manifestly weak. In working out tasks which require manual ability many of them do as well as, if not better than, the average child of their own age.

We recognize the value of handwork at the Syracuse State School and there are three departments in which children of school age are trained:

First, there is the industrial department for girls, consisting of the kindergarten for the primary group, conducted entirely along manual lines; beginning sewing and weaving for the intermediates; and sewing, cooking and laundering for the older group.

Second, there is the sloyd department for boys, where they are taught practical repair work on furniture, shoes, rugs, et cetera, with a variety of other projects such as toys, tables, cabinets and other useful furniture.

Third, there is the academic department for both boys and girls where the work ranges from kindergarten to fifth grade level. Each child spends at least one-half of each day in either the industrial or sloyd departments. It is also from these two departments that the children go to classes in music, orchestra and physical education.

At first thought one might believe that the children would prefer these departments rather than the academic. The latter consists of work such as is taught in the regular grades of the public schools, and in which these children have failed throughout several years prior to their institutionalization. Strangely enough, we have been surprised to find that the reaction of the majority is just the opposite and that they have a feeling of pride in their school work. We consider that this reaction is, to a large extent, due to the fact that they are now succeeding in a situation in which they formerly had failed. It gives them a sense of security in that they are now no

*Presented at the interhospital conference April 28, 1939 at the Utica State Hospital, Utica, N. Y.

different from other children even in "book learning," on which so much emphasis is placed in the public schools and by their families. Many of our children have been tried in special classes before coming to the institution but have been maladjusted even in these. When asked to tell his school grade prior to admission, the child seldom admits that he has been in a special class, and often names a grade far above his level of achievement. Because of this sense of inferiority which has been developed, he is told that he will like school here and that he will do very good work.

Not only is he assured verbally that he will not fail, but further, he is placed in a group where he need feel no inferiority. There are several small groups formed within the larger grade classifications. These small groups are based on homogeneous characteristics. For instance, in the first grade classification there is a slow-moving group, retarded in arithmetic. There is a similar group retarded in reading. These are kept separate, not only for individual, remedial attention which can be given by the teacher, but in order that special disabilities can be brought into relief. There are other small groups in this grade classified according to age, maturity and ability.

In order to determine whether the children were justified in their feeling of accomplishment and our methods were showing satisfactory results, a survey of the school from the first through the fifth grades was made, using the Metropolitan Achievement Test as a criterion.

We have in this institution only the higher-grade type of mental defective, since only trainable children are admitted. During the past year the average age of admissions was 12.8 years, the average mental age, 8.6 years, and the average I. Q., 67.6. The median I. Q.'s of the different grades range from 62 to 75. It is therefore a group which is more comparable to those found in the special classes of the public schools than in many of the institutions.

Of the 202 children examined, 63 were in the first grade, 55 in second, 50 in third, 26 in fourth, and only 8 in the fifth. Since the few in the fifth grade are a very selected group, the median I. Q. being 75, and not representative of the school as a whole, our summary of results of the survey will be based on the first four grades.

One great difference between our school and public elementary schools lies in the ages of the pupils in corresponding grades. The youngest child in our first grade is 9 years and 3 months old, about three years older than the average first grade child. The youngest in our fourth grade is 14 years and 5 months, about five years above the average. In every grade, even in the first, there are some who are 16 years of age. In the public schools these older children would be conspicuous in the lower grades but they are not so in our school as the age level is much higher in general. Another dif-

ference in our school is the I. Q. range. Our highest I. Q. is 81, which would be among the lowest in the public schools.

The mental ages more nearly correspond to those found in the public school grades. The lowest mental age, 5 years and 10 months, is found in the first grade. The highest mental age, 11 years and 2 months, is found in the fourth. This would be considered an average range. However, within each of our grades there is wider variation than would be expected in the public school grades.

According to results of the achievement tests, the median educational age of the children in each of the grades is equal to or above that which is found generally in the corresponding grade in the public schools. Also, the median mental age compares identically with the median educational age in each of three grades—the first, fourth and fifth. In both the second and third grades the median mental age is six months higher than the corresponding educational age. In 71 per centum of the 202 cases, the educational achievement of the child is within one year of that expected according to the Stanford-Binet mental age. Only 23 per centum are not working up to this level, and 6 per centum are working above it.

Contrary to expectation, each child shows a high degree of consistency in his scores on different subjects. For example, if his score on the reading test is at third grade level, his scores on arithmetic problems, arithmetic fundamentals, vocabulary, language usage and spelling will all be at approximately this same level. Even in the fourth and fifth grades where the tests also include literature, history and geography there is this same consistency. However, beginning with the third grade, there is a tendency for scores to be slightly higher in reading comprehension in comparison with other subjects, and slightly lower in arithmetic problems.

Although we can draw no definite conclusions relative to the academic achievement of mentally retarded children in general, until we have repeated this survey for at least one more year, we do feel that the children are profiting by the academic training they receive in this school. Not only are the majority of them working in pace with their mental level, but they are also receiving a good fund of general knowledge along with fundamentals. Even though few ever reach the fifth grade level, by the time they complete the third or fourth grade they actually have acquired the education comparable to the children completing these grades in the public schools.

We use no special methods in teaching but maintain and foster an academic situation on lines similar to those of the public schools, in order that the child will not feel a still sharper differentiation between himself and others when he is returned to the community. Our plan of small homo-

geneous groupings gives a distinct advantage in developing in the child a sense of achievement. With the small groups it is impossible that each class meet every day. Thus there are some children who come to school only two or three times a week. We feel that any disadvantage therein is more than compensated for in the fact that each child can receive individual instruction and is in a situation which is very satisfactory to him.

It is not only from the children in the institution that we have learned the high value which they place on "book learning" but also from those who are on parole in the community. A feeling of deficiency in scholastic ability seems to develop in them a greater sense of inferiority than does any other deficiency which they might have. It is for this reason that we attempt to develop in each child at our school a sense of satisfaction in his academic work. Our success in this seems to justify our present policy of not placing children in boarding homes, since such would mean their return to the identical school situation in which they had previously failed.

Syracuse State School
Syracuse, N. Y.

THE VALUE OF BOY SCOUTING IN STATE INSTITUTIONS*

BY JOHN C. HOEFFLER, M. D.

The Boy Scouts of America is an outgrowth of the British Boy Scout Association founded by Lord Baden-Powell shortly after the turn of the century. William D. Boyce, Chicago publisher and traveler, unable to find a difficult address in a London fog was approached by a lad, who, after asking if he might be of service, led him to the desired address. The young fellow refused recompense stating that he was a "Scout" and that scouts do not accept tips for courtesies. It was through this good turn that scouting was brought to America by the much-impressed Mr. Boyce. On February 8, 1910, the Boy Scouts of America was formally incorporated, on June 15, 1916, was chartered by an Act of Congress and today remains one of the three social organizations chartered by the government.

Fundamentally, this organization is an association of boys 12 to 16 years of age—youth in its plastic, formative years, when good habits of thrift, responsibility and application to work and study are fixed. To carry on these objectives, a comprehensive plan of education and discipline, through an increasing number of projects suited to youthful abilities and interests, has been worked out—all with the objective of sound training in useful citizenship and character building. The program, under the guidance of trained and experienced executives and leaders, has been successful in promoting these aims. The consensus is, that exceedingly few former Scouts fail in meeting all later tests of good citizenship. By encouraging boys' interests, guided by older leaders, and placing responsibilities on the troop patrol leaders, who are boys of the troop, a fine spirit of cooperation is fostered. Promotion in rank, which is ever stressed, provides an incentive to better application of time and study. The system of holding courts of honor, gives the individual scout recognition of the progress he has made in competition with his fellows, and nourishes his ambition to improve. The merit badge awards give a direct and conclusive evidence of range of ability and steadfastness. They also discover marked or unusual capabilities, and frequently result in future vocations. This follows the original purpose of the merit badge program, which is vocational exploration rather than vocational guidance. This in effect is the chief aim of our school systems.

The scouting program in state institutions can be utilized only in those largely made up of boys (the state schools for mental defectives, and the correctional institutions, such as the State Agricultural and Industrial School at Industry). In application to our state institutions, no concessions to the scouting program should be made, although our material is, in various

*Read before the up-State interhospital conference, at the Utica State Hospital, Utica, N. Y., April 29, 1939.

degrees, subnormal in mentality—with some antisocial tendency or asocial acts also operating. The requirements of the different grades in scouting are followed meticulously according to the manual, and no effort is spared to give a sound foundation to future development of the scout. Through this method of training, our scouts are enabled to compete successfully with troops outside the institutions.

Organization and discipline

There does not appear to be any standard method of organization in the state schools. Each evolves its own program through trial, improving and correcting as occasion arises.

At Newark State School the first troop organization occurred in December, 1932, under the supervision of the ward service. The occupational therapy department has, since March, 1934, maintained and directed all affairs connected with scouting. The time so expended has been chiefly voluntary, only a small portion of time being credited to the scoutmaster. It was undertaken as an extra-curricular activity, to make future parole more readily available to selected boys whose work and conduct warranted further training. We have a troop committee, as do other troops, made up of employees who have displayed unusual interest in boys, a scoutmaster, an occupational therapy employee. Our troop is affiliated with the Rochester Council, and is under the direct supervision of the Wayne County field scout executive.

Our method of selecting boys for the troop begins with the perusal of a requested list from the teachers and ward supervisors of boys, who they think would be benefited by scouting and who would make good scouts. These boys are interviewed by the troop committee and scoutmaster who give due consideration to character, age, and innate ability to successfully carry out the program. Twenty are placed in a training class held twice weekly for a maximum period of three months. From this group, it is usual to discover about twelve who meet all requirements and become scouts; four who are carried into the succeeding class and usually become scouts; and four who, through lack of interest, lack of ability, or immaturity are no longer considered for the immediate future.

Our troop consists of four patrols of eight members each. All patrols have one of their members as patrol leader who is responsible to the scoutmaster for discipline and leadership. No instance has been noticed of resentment toward a patrol leader. We consider scouting a 24-hour program and, when any scout commits or participates in any infraction of the specific rules of the institution, or of good conduct, he is also committing an infraction of the scout oath and law to which he has subscribed. Therefore, his offense is referred to the scout advisory council which we have set up,

and the trial of the offender follows with such disciplinary measures as is deemed just.

Dr. Hiram G. Hubbell, acting superintendent of the Newark State School, has this to say about the latest development in scouting in our institution: "We have been handicapped by being obliged to have our scouts live on wards with other boys whose ideals were not the same, and whose conduct was such as to make them ineligible for admission to the troop. This is being corrected at present by the opening of a so-called 'honor ward' in the new hospital building, where the scouts will be by themselves. Here, they will have the entire care of their ward under one employee, whose duty will be to see that ward supplies are provided and to help the boys with their recreation during their spare time. A pool table and ping-ping tables will be provided, with other forms of amusement. Also, they will have all of their paraphernalia on this ward, where they will hold their scout meetings, et cetera. Such a ward will, of course, put these boys on their honor to see that all rules and regulations are carried out, but I believe the very training which they receive as scouts will insure that we will have a model ward. We may eventually leave the doors open. So far as I know no experiment of this kind has ever been carried out in a State institution, and it *is* an experiment, the results of which can only be determined by time."

This "honor ward" for scouts was opened within the past month and it has been in operation too short a time to form any conclusive opinion as to its success.

Equipment

Standard equipment calls for: uniform, a troop flag, an American flag, and a troop record book, all of which are prescribed but not compulsory. In contrast to the average troop condition, our troop fully complies with the above prescribed equipment. In addition, we have accumulated a bugle, a radio for our honor ward, axes, two wall tents and numerous other small articles. We also maintain a drum corps and have eight snare drums, one bass drum and a set of cymbals. All of this equipment was purchased through the efforts of the scouts in the troops. Funds are raised through washing cars, collection and sale of old papers and magazines, sale of Christmas cards and through an entertainment. These business enterprises serve to unite the troop as they cheerfully work for common objectives.

Outside activities

All scouting functions in the county are attended. For the past several years, our scouts have participated in the Rochester Council Camp for one week. Official commendation of scout executives has followed each attendance at the camp and at camporees held in Wayne County. Their conduct

has always reflected credit upon the troop and the leaders, and in no way has any discrimination been made against our scouts as representing a state institution. Our scouts participate in all civic service projects. They have served as a service unit at the County Fair; aided the Wayne Humane Society agent in feeding snowbound birds; and participated in traffic surveys. In all such projects they have taken their places with other community scouts. Our Boy Scout Drum Corps, organized in January, 1934, is under the leadership of a trained musician. It has appeared in all civic functions such as: Memorial day, Flag day, and Armistice day parades, at scout rallies, and also at our annual field day.

Results at Newark State School

Our present troop roster consists of one star scout, one first class, 11 second class, and 19 tenderfoot scouts. The older scouts have earned a total of 14 merit badges in such projects as: Personal health, safety, carpentry, firemanship, handicraft, woodworking, swimming and metal craft. At the present time, eight scouts are members of a photography club and four are nearly ready to qualify for their merit badge in this field. All photographs of admissions and numerous pictures about the institution have been made by these boys. They do everything—photographing, developing and printing, under the supervision of the scoutmaster.

Without going into case histories of our boy scouts, there is undoubted evidence that a decided improvement has resulted through our experience in scouting. The boys are more dependable, courteous, trustworthy, better fitted as citizens, more alert and able to do many things well. Because of the improvement in discipline, and examples of character building, all the effort and encouragement of our superintendent during the troop's formative years has been justified. Much credit for the success of the scouting program in our State school is due to the interest of the sponsoring heads of the institution, the untiring supervision of the occupational therapy department, the time and efforts of the scout leaders and the ever ready suggestions and assistance of the county scout executive.

Newark State School
Newark, N. Y.

MINUTES OF THE QUARTERLY CONFERENCE

SEPTEMBER 23, 1939

A Quarterly Conference of the State institution visitors and superintendents with the Commissioner of Mental Hygiene was held at the Wassaic State School, Wassaic, September 23, 1939, with Commissioner William J. Tiffany in the chair.

The CHAIRMAN: Will the Quarterly Conference come to order, please? First on the program today is an address of welcome by Miss Anna M. Vincent, the president of the board of visitors of the Wassaic State School.

Miss VINCENT: Mr. Commissioner, members of the Conference, and guests: We feel much honored to have you meet with us at the Wassaic State School today. As you know, this institution was founded in 1930 and the board appointed in 1934. We have grown very fast and now are one of the largest institutions of this kind in the world.

We hope you will have a very pleasant day. The institution is beautifully located upon this hill, overlooking the valley of the Webotuck, which in Indian lore means beautiful hunting ground. After we have finished the business session we will have lunch and I hope we will all be able to meet and have a little social time after lunch. For anyone who cares to look over the grounds of the institution guides will be provided. And now once more, I bid you a hearty welcome.

The CHAIRMAN: Thank you, Miss Vincent, we all appreciate your welcome. We are sure we will enjoy the social atmosphere as well as the other atmosphere at this school. Thank you very much indeed.

Next on the program is a paper entitled, "Extension of the Parole System in State Hospitals," by Dr. John A. Pritchard, superintendent of the Buffalo State Hospital.

Dr. Pritchard reads paper.

The CHAIRMAN: As you will notice from the program a discussion of Dr. Pritchard's paper will be deferred until after the presentation of the next paper, when both may be discussed.

The next paper on the program is one entitled, "Extension of the Parole System in State Schools," by Dr. Charles E. Rowe, superintendent of the Syracuse State School.

Dr. Rowe reads paper.

The CHAIRMAN: These two papers are now before the conference for discussion—the paper on "Extension of the Parole System in State Hospitals" and the one on Extension of the Parole System in State Schools." I am sure there will be many who will wish to participate in this discussion.

Are there no problems in the various institutions regarding parole? Are there no suggestions in these papers which might be beneficially discussed by this conference.?

Dr. BELLINGER: I have listened attentively to the papers prepared and presented by Dr. Pritchard and Dr. Rowe. It is interesting to compare the opinions expressed 20 or 25 years ago by some of the older superintendents, with our present concept regarding the parole of patients. I remember well the attitude of Dr. Wagner with regard to matters of this kind. He was extremely cautious. In many instances he insisted on seeing and talking with the patient himself. However, when he became fully convinced that an individual no longer had any delusions or hallucinations and had recovered to a degree where he was no longer dangerous to himself or others, he was quite willing to have the patient leave the hospital.

I think in more recent years our viewpoint has changed somewhat with respect to paroling patients. We are no longer reluctant to allow the older patients to leave the hospital if we feel they have recovered to a point that they are no longer dangerous, and that the family can give them proper care. At Brooklyn, as Dr. Pritchard has recommended, we endeavor to impress the families with the idea that many of the patients will improve to a degree that they will be able to return home. The result is that they do not change the status of the home to any extent so far as the patients are concerned, and are able to take them back without material difficulty. It has been my experience that some races appear to feel more obligated to their parents than do others. Many of the families living in Brooklyn are of the type who seem to think that it is their duty to care for the parent whenever possible. Because of this attitude we are able to parole a considerable number of senile and arteriosclerotic cases to sons and daughters, who are anxious to cooperate with us in caring for them. We have a large admission rate with a considerable number of cases of acute excitement, many of which respond favorably to treatment and recover within a few weeks to the extent that they are able to leave the hospital.

At Brooklyn we are somewhat handicapped by the amount of supervision we are able to give our paroled patients, due to the small number of social workers allowed us. However, we endeavor to visit them in their homes or have them report at a clinic at least once a month. At the present time we have about 2,818 patients in the hospital and approximately 769 on parole. We discharge all of the alcoholic cases as soon as they have recovered sufficiently to leave the hospital, as we do not have sufficient social workers to supervise them. Then, too, I am of the opinion that little is gained by placing on parole in the metropolitan area an adult alcoholic, whose patterns of behavior are well fixed. We tell all of our alcoholic patients the

cause of their mental illness and warn them that their mental symptoms are likely to return if they again indulge in alcohol to excess.

As to the paroles from State schools: while acting assistant medical inspector I saw practically all of the colonies in connection with the various institutions. Many of the boys and girls held positions and remained in the colony only at night; others had part-time employment. I talked with many of these boys and girls and almost without exception they were happy and contented. I have occasionally come in contact with young men and women who had been paroled from the schools and have had occasion to observe them following their discharge. I was always favorably impressed with the colony system of the various State schools, as I felt it formed a safe bridge between institution and community life and that many young men and women were thereby enabled to return to the communities from which they had come, there to become useful citizens.

On several occasions I inspected the boarding homes of the Newark State School at Walworth, and also saw some of the boarding homes of the Middletown State Hospital. Almost without exception the patients expressed themselves as being much happier in the boarding homes than in the institution proper. They had been able to acquire new interests, and, in many cases they apparently had been taken in as members of the family. However, from my observations, I was under the impression that mental defectives were perhaps better suited for family care than were psychotic patients, whose mental conditions are more likely to vary from time to time. The boarding homes as they are at present, represent much thought and labor, and I am of the opinion that it would be most unfortunate if it should become necessary to return the patients who are now in family care, to the various institutions.

The CHAIRMAN: I recall quite distinctly the time when I went to Kings Park. Dr. Garvin had encouraged paroles just previously and had more or less insisted on a survey of the patients in the hospital for parole. Dr. Rosanoff, then clinical director, had made a great effort toward paroling patients and the number had been very greatly increased, much to the surprise of everybody. Many patients were paroled but the staff had a feeling they might not do well outside, but they generally made good adjustments and stayed out for long periods of time. Dr. Garvin, don't you want to comment on the situation down there at that time, and on what you accomplished?

Dr. GARVIN: I am very much interested in the papers that have just been read by Dr. Pritchard and Dr. Rowe. I can recall at the Manhattan State Hospital at the beginning of the second decade of this century that patients were paroled for a period of 30 days, and while on parole received

practically no supervision. If they were not returned to the hospital at the end of 30 days they were discharged. About this period the Metropolitan Hospital began to establish out-patient clinics at which patients could report on parole.

About this time Dr. George H. Kirby was the first clinical director appointed in a State hospital. He coordinated and supervised the clinical work. He was responsible for the final diagnosis of psychotic states, and assumed the responsibility for passing on all cases of parole, except those which he thought advisable to refer to the superintendent.

In addition, the first person to engage in social work appeared on the scene. A Miss Horton, through the influence of the State Charities Aid Association which paid her salary, was appointed to perform the parole followup work as far as she was able to do so. The number of patients on parole at this period was rather small compared to the patient population. The superintendents of the mental hospitals were rather reluctant to return patients back to the community, unless they were either recovered or very much improved. Later on the hospitals appointed graduate nurses as social workers who gradually learned by trial and error method something about their job. Then, by degrees, various schools and colleges, realizing the value of educating young women along these lines, began to institute courses for the training of social workers. The 30-day parole period was first extended to three months, later to six months, and finally at the suggestion of Dr. Marcus P. Heyman, then superintendent of the Manhattan State Hospital, it was extended to one year.

At Kings Park we felt that one way of relieving the great over-crowding was to adopt a more liberal attitude with respect to parole of patients. We thought that the best plan of ascertaining how a patient would get along in the home environment was to actually try him out in it. In those days we only had a limited number of social workers, and they did not have the time to make preparole investigations or to smooth out family difficulties. Naturally, some of our patients came back to the hospital rather quickly; nevertheless, others whom we thought would not do well at home, and whom the relatives wished to take home, got along quite satisfactorily. Dr. Tiffany has said that at Kings Park, during the period when Dr. Rosanoff was clinical director, we increased markedly the number of patients on parole, due to a more liberal atitude in this respect on the part of the hospital. In this we had the backing of the State Hospital Commission who wished to reduce the great overcrowding which existed in the Metropolitan hospitals at this time.

I think Dr. Pritchard made a very pertinent remark when he stated that an unfavorable prognosis should not be given any relative when the patient

enters the hospital. This attitude often puts in the minds of the relatives a feeling that there is no hope, and that they might as well allow the patients to remain in the hospital even though they do improve later on.

The matter of parole, as well as care of the patients, as I view it, depends upon the interest of the superintendent, clinical director, social worker, nurses, attendants and all others who contact the patient while in the hospital.

All the hospitals are now short in personnel, both as regards doctors, ward service, and in other departments. Ward physicians cannot now keep as close track of the patients as formerly. This will undoubtedly mean a decrease in the number of patients on parole.

The cut in traveling expenses affects the work of our social workers, and in some instances, at least, makes our physicians rather hesitant to parole certain patients when they know it is impossible for the social workers to give as close supervision to such patients as their condition demands. I believe the reduction in hospital personnel, traveling expenses, et cetera, is not an economy but just the opposite. Every patient that leaves the hospital means a saving in maintaining him, and every 6-7 patients means a saving in ward personnel.

I am sorry, that owing to lack of funds, we have been compelled to abandon the boarding out of patients, on which we have spent much thought, time, energy and money. Moreover, every patient boarded out reduces our overcrowding and the patient is certainly happier when living in a more normal environment.

Dr. HAMILTON: In widespread surveys one finds interesting differences in point of view. For instance, in Massachusetts the position taken in regard to one feature of parole is just opposite to ours in New York. Certain patients are removed from hospitals contrary to the advice of the physicians. In order to protect ourselves against unnecessary trouble in case such a patient should get along badly, we got the relatives to sign a statement that they were assuming all responsibility, and then we discharged the patient. If he had to return to the hospital, a new commitment would be necessary. I understand that the same procedure is followed now. In Massachusetts they get the family to sign a similar statement assuming all responsibility, but then the hospital carries the patient on parole instead of discharging him. The argument is that the patient who is not fit to be removed is likely to return soon, and can be brought back with less difficulty to the community and with less disturbance to himself if he is on parole.

Dr. WOODMAN: There is one little matter in connection with paroling patients that I think no one has mentioned, either in the discussion or in the reviews which have been so profitably presented to show what our predeces-

sors have done and thought on the subject. It refers to the administrative advantage of a liberal parole policy. I think many a patient who is not expected to do very well at home would profit from a short parole on a visiting basis rather than being paroled indefinitely, and he comes back very much more reconciled to inevitable hospitalization after a visit. After he has been home he is more content, even if it is necessary for him to come back. It must be a dreadful thing for any patient to be confined in an institution weeks, months, years and more years with never a chance to see the outside. He really has no idea what is going on in the world and should have an opportunity to go for a trial. Just a little period of parole is useful both to he patient and to his family. When a family wants to take a patient who is likely to be incapable or troublesome at home it is better satisfied to learn the condition first hand and the patient is better satisfied too. Before his parole he thought perhaps he was being arbitrarily prevented from earning great sums of money outside or from the realization of family life, and was more contented after he learned that things were not as hoped. Then, occasionally it happens that a patient who is not expected to get along does better than expected and even though unrecovered perhaps may remain at home for a long period of time. I lean strongly to the policy of giving everybody a chance. Some say Middletown is the easiest place in the world to get out of. That may not be true but it is a very easy place and complaints that patients are wrongly held are very rare. Complaints are rather that we parole too many. But nothing serious happens and it makes for relatively contented patients and for satisfied friends.

Miss CRUTCHER: As early as 1900 adequate supervision was spoken of as being one of the important factors in the adjustment of these patients. Of course adequate supervision varies with the needs of the patient and is a highly individual matter, but there are some general comment which can be made regarding what constitutes adequate supervision.

In the first place unless a careful plan is made for the release of the patient he seldom receives adequate supervision. To meet the patient's social and economic needs a plan must be made before the patient leaves the hospital. The matter of relief must be met before the patient leaves the hospital. This means the community social worker must understand the needs of the patient. This in turn means that we must do a tremendous amount of educational work in the community so that the local social workers will understand this. I think an extensive interpretation of the hospital program, the hospital responsibility and what we expect of the community workers will do a tremendous amount toward helping our patients to have adequate supervision on parole. It is obvious that one of our social workers cannot do all that is needed by her visits. It is also obvious that the clinic physician who

sees a patient once every two or three months cannot do a great deal in the way of therapy or supervision. He can help, however, but he cannot give the patient as much psychiatric treatment as he would like, or as the patient actually needs. The more the needs of the hospital and of the patients in the community can be understood, the more we are going to be able to return patients to the community and give them the needed assistance in working out an adequate social adjustment.

The CHAIRMAN: Is there further discussion? If not, I am sure the conference is very grateful for and appreciative of the papers that have been presented, and the discussion.

The next subject on the program is a paper entitled, "Are Family Care Colonies Practicable in New York State? This paper will be given by Dr. Woodman, superintendent of the Middletown State Homeopathic Hospital.

Dr. Woodman reads paper.

The CHAIRMAN: Certainly this presentation of the subject by Dr. Woodman should elicit considerable discussion. It has many aspects, the aspect of the condition of the patient, the humanitarian aspect and the economic one as far as the State is concerned. The paper is open for discussion.

Dr. ROSS: Dr. Woodman, as is his custom, is very generous in the praise of others but says very little about the work which he has accomplished.

When we started family care at Harlem Valley, I visited Dr. Woodman's setup and was so impressed with it that I used it as a model for our work. When we began placing patients in family care we met with considerable opposition and we still have some from one of our newspapers. The editor evidently has a phobia on the subject of mental illness. We also met with some opposition from summer residents who had summer homes in Dutchess County. At one time I was waited on by a committee from Salt Point, a village where we had patients. They came into my office with fire in their eye, but after a talk and an explanation of just what we were trying to do, they decided to form themselves into a committee to work with us and we have had no trouble from that source since.

We have investigated 64 homes within a radius of 30 miles of the hospital and these homes could care for 264 people if we had the money and the patients.

It is with much regret that we withdrew patients this year from family care, but the financial setup was such that we could not possibly carry on. I feel much damage has been done for the future by having to take these patients back and much of the effort that has been placed in this work has been lost. A number of the people who took patients had to make improvements in their homes. They spent money and were looking forward to re-

payment from the income they were to receive. Now we have taken the patients away and they are out that much money.

We have been able to keep 17 of our patients in homes because their relatives are paying for them. Some relatives, if a nice home is available, will pay for maintenance if they can. We had 80 patients out at one time.

If family care is to be established it will not do to be continually changing the policy. We must either give it up entirely or get an appropriation so that the patients can remain out all the time. Dutchess County and possibly a section north of Albany, I believe, offers a fertile field for this kind of care.

Dr. GRAY: I much prefer to laugh than to cry and if I get to talking about the family care proposition I might get to crying and I am not used to crying, particularly over something that cannot be helped. I have been upset over the fact that we had to return our patients. We have generally maintained 11 to 13 per cent of patients on general parole and with the number out of the hospital in family care, we were well satisfied with the results of our efforts to return patients to their homes.

When the family care method first came up we studied it from every angle, its effect on the patient, the hospital and the community. You know, of course, we live in what they call, "The Sticks," so far out in the country that you even see on our highways, instead of, "Cattle Crossing," a sign reading, "Deer Crossing." Imagine that in New York State in 1939! We thought it would be quite a difficult matter to establish family care in the rural sections of our district. We expected opposition and realized it temporarily in some places. On the other hand, we met enthusiastic response in other communities. There were people in the neighborhood of our family care homes who were, a first, afraid to go anywhere near the patients. Later they became friendly and as they found out what it was all about, grew to be good boosters. I wish you could have seen the managers of some of the homes standing in the highway, waving at their departing guests. It would have impressed you that these people liked their patients and did not want them to go. What were the feelings of the patients? I shall leave that to your imagination.

What were our feelings on breaking up these happy situations? What a difference there was beween the more or less regimentation necessary in the hospital life and the freedom of the homes; in one, rules and regulations; in the other, chickens to feed, bedrooms to clean (your own too); gardens to work in, et cetera.

At first we had to lay a groundwork of education, present our problems and find the exact type of person who would be willing to take up the first family care home in a community. Fortunately, we were generally success-

ful and as a result, were able to send out a total of 99, whose average age was 60 years plus. The homes were near three centers, different homes generally close enough to permit the patients to visit back and forth. In the beginning we found it was necessary to require the installation of new things in the houses. Some included guard rails on certain stairways, bathroom fixtures and/or toilet facilities. Many persons went to some considerable expense in their improvements, expecting eventually to pay for them out of the new source of income. Since the patients have been returned to the hospital I have had a letter of inquiry as to how one is going to pay a bill now the patients and the income have gone. One woman has a bill for bathroom plumbing installation, a result of our requirement, that may take a long time to pay for. A curious by-product of the family care system, at least a curious one to me, has been the increase in income on the part of local merchants, due to the extra moneys brought in by reason of our patients.

The influence of the family care system will, in my opinion, increase as time goes on and I am not so sure but that later on we might have to establish some sort of a system, as mentioned by Dr. Pollock and Dr. Woodman, or maybe it might be like the French system. To me everything seems to indicate that if something is not done to prevent, we shall have more and more patients to take care of in our State institutions. I believe there has never anything been done in our district to promote an interest in mental hygiene that has been as effective in educating the people as has this family care system so recently established. We are just farmers up in our end of the State. We do not study a lot of things, nor hear about a lot of things that you in the cities do, but I think we have learned a lot about mental hygiene in these several communities by reason of the introduction of the family care system. The understanding gained should be helpful in furthering family care. It should make it much easier for the hospital management to develop centers in other communities. It should make the taxpayer better aware of what we are doing with the sums allocated by the Department of Mental Hygiene. It should increase the interest of the taxpayer in his own mind and body and interest him in that of his neighbor. The result appears to me to be that we should be able to get more patients out, have a much better relation with our district and in the years to come reduce the number of persons required to take treatment in a State hospital.

I thought I should discuss the two important papers that have preceded Dr. Woodman's. Then I thought I should not get up until I had heard what Dr. Woodman had to say. I believe there should be a change in the length of time a person may be tried out of the hospital and that this limitation should be indefinite, rather than a period of one year, as at present. I fur-

thermore believe that the word, "parole" should be stricken out when referred to those patients who are allowed out on trial. The word, "parole," suggests to me a military or penal connection that does not fit the purpose of a hospital.

I should be very reluctant to assume responsibility of the management of an institution if the medical staff were required to supply their food and cook it themselves; if the nurses and attendants had to do their laundry work; if the farmers and mechanics had to do their laundry and cooking. As we find the present setup, there is a superintendent, a clinical director, et cetera, a farmer to care for the farm, an engineer to maintain the mechanical end, a steward to take care of the purchasing, et cetera. The family care system could take care of the patients under State management in a similar way to the management of a hospital by its several components. In other words, our epilepties, feebleminded and mental cases should be less of a problem to our general department if we cooperated as efficiently and economically as the steward, farmer and the rest of us in our several institutions and for my part I do not see any reason why when the family care system is thoroughly established in a large or small community, arrangement should or could not be made to take care of the epilepties, feebleminded and mental cases in these specially developed centers.

I give my testimony to the fact that it has been a wonderful arrangement, this family care system, all the way through. The doctors, the nurses and the various people in the hospital have been stimulated to a greater interest in getting patients out of the institution. The people on the outside have become better acquainted with what we are trying to do for the patients in the institution and in learning about these various things they have obtained a greater knowledge of mental hygiene. I think it has been good for all of us.

The CHAIRMAN: Is there further discussion?

Dr. POLLOCK: I wish to express my appreciation of the papers we have heard this morning. I think for the further extension of family care in this State, we should have a well-defined policy as to the particular type or types of care to be developed.

There are at present as most of you know, three types of family care that deserve our consideration:

1. The colony type described by Dr. Woodman of which Gheel and Dunsur-Auron are the best examples.

2. The dispersion type used in Scotland. Under this system patients are placed out by welfare officials in accordance with rules promulgated by the General Board of Control. Such board inspects and has general super-

vision of family care cases. The mental hospitals in Scotland have nothing to do with family care.

3. The annex type now used in this State, and in Germany and Massachusetts. Under this system placements are made and supervised by the institutions.

All of these types of family care are used successfully.

After carefully observing family care in this State, Massachusetts, France, Belgium, Germany and Scotland, I am convinced of the fact that for large scale family care, the colony system is preferable to the dispersion or annex system. In the colony system medical and psychiatric supervision of patients in families is facilitated. Better provision can be made for the social life of patients and adjustments of patients to family and of family to patient become easier.

The colony system enhances community interest in patients. A well-managed colony comes to be considered an asset to the community. Furthermore, the burden of family care placed on the State hospital by the annex system is almost entirely relieved by the colony system. The latter if properly established has a specialized function to perform and carries it on without troubling the hospitals from which it receives patients.

I would suggest that an effort be made to secure, as early as possible appropriations for two family care colonies; one for the mentally ill and one for the mentally defective. If these colonies can be well established and made to operate as well as the colonies in foreign countries, other similar colonies could easily be organized.

To supplement my discussion I wish to read a couple of paragraphs of a letter written by Miss Mary C. Jarrett, secretary of the Committee on Chronic Illnesses of the Welfare Council of New York City. She visited the French family care colony at Dun in 1938, and upon her return home, wrote me concerning it. She made the following comment concerning the system:

"The simplicity and humanity of the system impressed me extremely. It seemed to me it was all they claim for it. If you should think of all those people being put into institutions, instead of the free life they have, the cruelty of it would be vividly apparent. There are no doubt many difficulties in operating the system but probably they are no more serious than the difficulties to be met running an institution.

"With the same careful selection of the community and with painstaking competent personnel, I should think the system could be employed here as well as in France."

Dr. HELMER: I think in Utica we have had the same experience other hospitals have had. On June 1, the sad news came in regard to the budget. Dr. Hutchings in cooperation with Miss Schied, our head social worker, de-

cided to see what could be done with these patients. On June 1, we had 45 patients for whom funds were lacking among the 70 then in boarding homes.

Miss Schied being energetic went at the whole situation trying to find out what she could do for those patients who wanted to stay out so that by October 1 of this year we will have to return to the hospital only 6 patients out of the 45 who were out in the community on family care. This was brought about through some of the patients having made good in the boarding homes so that the families were willing to keep them without pay. Others were able to obtain old age relief while the families of other patients were willing to supply the money necessary to keep them in boarding homes. Others obtained work in adjoining families so that they became self-supporting and were paroled. This seems to explain quite fully the community interest developed in and about Utica for boarding out patients and the main point, in my estimation, is this—that had not these patients been placed in boarding homes they would still be on the wards of the State hospital with no one taking sufficient interest in them to remove them from the hospital.

The CHAIRMAN: Thank you.

Miss ECOB: Is there a consensus of opinion as to how far family care could be carried? In studying reports there seems to be great variability among the institutions in the number on parole, and especially the number in family care. Allowing for differences in location and the kind of cases admitted, it is hard to explain this variability.

Would some of the superintendents be willing to say how far they think it would be possible to go if funds were available? There seems to be no lack of homes for the placing of these patients.

The CHAIRMAN: Dr. Woodman: Would you care to answer Miss Ecob's question?

Dr. WOODMAN: The most that we have had out at any one time is a little less than 4 per cent of the residents in the hospital and we were getting toward the end of patients suitable for family care, so far from the hospital is the center of distribution. If it could be organized in such a manner as to have them not too far away, the number might be increased considerably, I believe. How large a fraction that would be I could not say definitely. I have had no experience.

Perhaps some of the hospitals with more active admission rates and less permanent population than Middletown would be able to offer some suggestions. There is a possibility that with more rapid admissions there would be some advantages. If it was only 4 per cent of 66,000 people, that would be a great many. We do not know how far we can go at the beginning but it seems to expand as time goes on.

The CHAIRMAN: It seems quite significant, Miss Ecob, that as the number was continually expanded and enlarged, more and more homes seemed to be available.

Miss ECOB: It would seem that 5 per cent would be all that could be thought of at the present time. Is that so?

The CHAIRMAN: Under the circumstances, I think 5 per cent would be about right.

Dr. WOODMAN: I don't think any one knows what it will be possible to do year after next.

The CHAIRMAN: We are finding it possible to board out an ever increasing number of patients who perhaps, we had thought would not adjust and they have been doing surprisingly well.

Dr. POLLOCK: I would like to say a word on this subject. When I visited Gheel, I asked the director what types of patients he placed out. He looked surprised and said, "Why, we place out all of them." I said, "Do you put disturbed patients in families?" "Yes," he said, "We place them out and in a very short time they quiet down and the families have little difficulty with them." In Gheel where family care for patients is best conducted, the colony gives a course in family training each year which the young people attend. These persons come to regard the care of patients with the same spirit as that shown by nurses for patients in a hospital. I think our success depends on the cultivation of a spirit of that kind in families in this country. If we can do that, I believe we can place out about half our patients in family care. Of course, I don't feel that at present we can go as far as Gheel has gone.

The CHAIRMAN: The one who is largely responsible for the initiation of this family care activity is here today, and I would like very much to have a comment from Dr. Parsons.

Dr. PARSONS: As I did not hear all the papers I am at a disadvantage but I have heard enough to realize that family care as practised in New York State is an enterprise which the department curtails very reluctantly. We have gone about the State saying family care saved money and now that the financial pressure is necessarily acute we are returning patients to the institutions. At first glance that seemed to be wrong but I understand the financial conditions which make the apparent paradox. Family care does save money but because of the budgetary limitations to feed the patients in the institutions money cannot be diverted from food to board.

I am responsible for the present situation. We never had a regular appropriation for family care. During the period of declining commodity prices our estimates of the cost of food were sufficiently high to permit us to pay board from the food appropriation, plus such transfers of funds

which seemed desirable. Now commodity prices are rising and the department no longer has the authority to use excesses in one division of the budget to supplement deficiencies elsewhere. Because of these facts family care is being curtailed. Such a retrenchment is unfortunate. Family care should grow, not shrink.

The department needs a direct appropriation and I think figures could be marshalled so that the saving is both apparent and real. Perhaps the end can be attained this autumn and I hope the superintendents and the social workers who have labored so efficiently will not become disheartened.

The CHAIRMAN: Thank you, Dr. Parsons.

Miss CRUTCHER: I think that family care from the standpoint of the patient has been adequately covered in the discussion. I have also been interested in the project from the viewpoint of the caretaker. You know of the great benefit of family care to the patient, but it is also of benefit to the caretaker. Family care has proved to be a very desirable vocation to the middle aged housewife. Her family has grown up and her house seems empty and deserted. The housewife is looking around for something to do that will utilize her abilities. She finds the care of patients a challenge to her domestic skill and to her tact and diplomacy. In addition to this she finds caring for patients a satisfying outlet for her motherly urges.

There is another point to be mentioned regarding the caretaker. We have never placed patients where families were on relief. We have always said that the family must be self-maintaining or patients would not be placed with them. It happened, in some instances, that the money received from the patient's board provided enough to keep the family from receiving some financial assistance from public agencies.

It seems to me that if we can provide a vocation for families that is satisfying to them and is of financial benefit to the State, that this is important as well as the benefit to the patients themselves.

The CHAIRMAN: Is there further discussion? I am sure all members of the conference will agree that these three papers have been most instructive and stimulative.

The next subject on the program is entitled: "Dr. Richard H. Hutchings —An Appreciation." This will be given by Dr. Paul G. Taddiken, the superintendent of the St. Lawrence State Hospital.

Dr. Taddiken's address appears on pages 90-92.

The CHAIRMAN: Dr. Hutchings, I am sure that I speak for the whole conference when I say that all of the things mentioned in Dr. Taddiken's appreciation are reflections of the attitude of every member of the conference.

Dr. HUTCHINGS: May I say a word?

In listening to the statements of Dr. Taddiken I feel that instead of being on the pier, I am on the spot. I am really astonished. I did not know the way you fellows thought about me. You did not say so earlier and now it all comes out at once. It is very touching. I appreciate it no end.

I realize that no one in this age can accomplish in this field anything worthwhile, working alone. I have had the benefit of unusually capable assistants. I can look around this room here and count the superintendents who have helped me in my work in years gone by when they were assistant physicians, and you would be surprised at the number. They did a great deal to put across these accomplishments for which I get the credit. All I did was to sit down and think about starting something which may have already been suggested to me. I talked it over with them and with their help we developed a plan. We tried it out; had to modify it sometimes. Each one contributed something. If it did not work the first time, it worked the second or the third time after changes, and so it may have been credited to me just as a battle won is credited to the general, but sometimes the general is far away when it is fought. I am really sincere. All the credit does not belong to me alone. Much of it belongs to Drs. Taddiken, Ross, Pritchard, Worthing, Van De Mark and in later years, Cheney, Wright and Bellinger, and all you fellows who have worked with me in the two institutions in times gone by, as well as the present staff.

The only trait in me (I try to state it as accurately as I think is fair) the only trait in me that is not commonplace is: I have always been willing to try something new. I think I have always been somewhat in rebellion against existing rules and things as they were. I have been rather willing to make changes and so when one of you would come around and say this does not work well, I would say let's try something else if that does not seem the best. I have always believed you could not settle a question in any way but the right way, for if wrong it will not stay down. Though the commission did at times ask for explanations I have never hesitated to make radical changes in the institution or in any plans being carried out, fully believing if we made a mistake we could correct it later on. That is the only trait about me that I see has helped particularly in getting some things accomplished to which Dr. Taddiken referred.

I am tremendously grateful for the expressions that have been voiced here today in and outside this room. I appreciate it more than you can believe. Coming to the end of one's official career, one naturally is disposed to make an inventory of himself, and it is gratifying to have one's associates and friends speak well of what he has done.

Thank you very much Mr. Commissioner. He is another to whom I owe a great deal and certainly to his predecessor who is here today, Dr. Parsons, and I am tremendously grateful to all of you for what you have done for me today and through all the years we have been associated together in this work.

I am not leaving with any great amount of regret. I feel I have been in the work long enough and that a younger man should take hold and carry it on.

It is very kind of Dr. Taddiken to compare me with one of the justices of the Supreme Court, but I would not want to work at this job much longer. I want to try something new before I get too old, and I am doing it and getting quite a lot of satisfaction out of it. I am leaving the State service happily as I have tried to live in it all my life.

This day seems to climax my whole career and so I thank you again.

The CHAIRMAN: The report of the Committee on Construction is the next on the program. It will be given by Dr. William C. Garvin, chairman.

Dr. Garvin read the following report:

REPORT OF COMMITTEE ON CONSTRUCTION

The Committee on Construction held a meeting at the New York office of the Commissioner of Architecture on Monday morning, June 5, 1939. There were present the Commissioner of Architecture, Mr. William H. Haugaard, Drs. Frederick W. Parsons, George W. Mills, Harry C. Storrs and William C. Garvin, and five members of Mr. Haugaard's office staff.

The following item was given consideration by the committee: Plans for a 400-bed continued treatment building for able-bodied male patients at the Kings Park State Hospital, each ward to house 67 patients; one single room will be provided on each ward. The building to be of brick, three stories in height.

On the afternoon of June 5, the committee inspected the new 1,600-bed hospital on Welfare Island, designed to accommodate patients afflicted with various chronic physical diseases.

On June 6, the committee inspected the 1,800-bed Jersey City Medical Center. In the afternoon the committee motored to Norristown, Pa., state hospital and on the morning of June 7 inspected two buildings erected for the housing and care of the continued treatment type of patients. In the afternoon the members visited the Pennhurst State School and inspected the new two-story brick building intended to house 240 patients; also a new nurses' home. The committee then motored to the Allentown State Hospital and inspected the 85-bed patients' building for disturbed women and the addition to the tuberculosis unit for female patients; the 72-bed building for

the care and treatment of girls with behavior disorders, new cafeteria, new buildings for convalescent men and women and the new employees' homes.

The committee held a second meeting on the morning of Friday, September 22, at the New York office of the Commissioner of Architecture, and worked on the plans for 2 one-story buildings, one intended to house 110 psychopathic boys and the other to house 110 psychopathic girls, at the Willowbrook State School.

In the afternoon the committee visited the site of the new Willowbrook State School, which is located on the western end of Staten Island on a 370-acre plot. Six buildings, each intended to house 110 infirm patients, are in course of construction. The present plan is to build the institution up to a capacity of 3,000 or more patients, and it is expected that it will be ready for occupancy during the summer of 1941.

W. C. GARVIN,
Chairman, Committee on Construction.

The CHAIRMAN: What is the pleasure of the conference regarding the report of the Committee on Construction?

On motion duly moved and seconded it was accepted.

Next is the report of the Committee on Nursing of which Dr. Woodman is newly-appointed chairman.

Dr. Woodman read the following report.

REPORT OF COMMITTEE ON NURSING

The most important item of the report of the Committee on Nursing at this time is to note the retirement of Dr. Paul G. Taddiken, chairman of the committee and a member of many years' standing. I am sure all superintendents, at least, are familiar with the meticulous attention to detail that has marked Dr. Taddiken's administration of the training schools. He deserves the thanks of the conference.

One large box of records has been sent to me from St. Lawrence and several smaller boxes of records. We have not had time yet to find out all that is in them but I can report that they are systematically arranged and I believe any needed fact can be readily located. The new chairman overlooked Dr. Taddiken's annual letter sent to the several training schools asking for a list of the names of the entering classes. A few sent them anyway. I expect that the names will come in with the October reports, which will save postage, and that will be early enough. The records in hand do show that 204 diplomas were granted this year, 70 for men, 134 for women, and that the graduates represent 16 training schools of the Department of Mental Hygiene.

Dr. Richard H. Hutchings and Miss Helen V. Clune, both of whom were members of the committee when I joined it 16 years ago, have retired and Miss Lena A. Kranz of the Utica State Hospital has been designated as a member of the committee. Helen C. Williams, principal of the training school of the Harlem Valley State Hospital, has also retired.

Respectfully submitted,

ROBERT WOODMAN,
Chairman, Committee on Nursing.

The CHAIRMAN: What is the pleasure of the conference regarding the report of the Committee on Nursing?

Motion made, seconded and carried to accept this report.

Next is the report of the Committee on Statistics and Forms of which Dr. Horatio M. Pollock has consented to be the new chairman.

Dr. Pollock read the following:

REPORT OF COMMITTEE ON STATISTICS AND FORMS

The Committee on Statistics and Forms met at Wassaic State School, September 22. As one of the forms to be considered dealt with occupational therapy, Mrs. Slagle kindly met with the committee.

Three forms had been referred to the committee for revision. The first of these was Form 80-Adm., Application Blank for noncompetitive positions. The present Form 80-Adm. is antiquated in several respects and does not provide for all of the information desired by the Civil Service Commission. Some time ago Dr. Mills made a revised draft of the form which was sent to the several committee members. Various recommendations were made for the revision of the draft and these were carefully considerd by the committee. The committee finally decided to make another draft of the form which will be sent to members of the committee and to superintendents of the various institutions. If the draft is found generally satisfactory, it is recommended that it be referred to the Commissioner for adoption.

Mr. Densler, executive officer of the Civil Service Commission, had made certain recommendations in regard to the form which was adopted by the committee. We are therefore assured that the revised form will meet with the approval of the Civil Service Commission.

The second form considered by the committee was a revised occupational therapy statistical card for the use of Craig Colony. The revised form, which had been recommended by Craig Colony and approved by Mrs. Slagle, was found by the committee to be well adapted for the use of the Colony and it is recommended that it be adopted.

The third form taken up by the committee was a laboratory sheet recommended by Dr. Helmer of Utica State Hospital. This sheet is now in use

at Marcy State Hospital. The committee found on inquiry that several forms for laboratory reports are in use in the various hospitals and institutions and the committee was advised that some of these forms were considered preferable to the proposed laboratory sheet. After carefully considering the matter, the committee decided not to recommend the proposed laboratory sheet for general adoption. The committee did not feel that a standard laboratory sheet for all institutions was necessary at this time.

The committee deeply regrets Dr. Hutchings' retirement as chairman of the committee, and also deplores the early death of Mr. Cotter, who was a valuable member of the committee.

Respectfully submitted,

HORATIO M. POLLOCK,
Chairman.

The CHAIRMAN: What is the pleasure of the conference in regard to the report of the chairman of the Committee on Statistics and Forms?

Moved, seconded and carried to accept the report.

Are there other committees to report at this time?

Dr. GARVIN: I would like to read the report of the Committee on Uniforms.

Dr Garvin read the following report.

REPORT OF COMMITTEE ON UNIFORMS

It will be recalled that at the December 17, 1938 Quarterly Conference the chairman of the Committee on Uniforms presented a report of the committee. This report embodied the majority opinion of the superintendents concerning the various items detailed in the report. The minutes of this meeting indicated that the report was accepted by the conference, but later on the question arose as to whether or not this was the case. In view of these circumstances the chairman of the committee again called the attention of the conference to this report at the March conference. It was moved and seconded at this conference that the report receive further study and that it be laid on the table; this motion was carried.

Furthermore, at the March conference the committee suggested that Item 3—"Attendants—Female: To wear white shoes and stockings instead of black shoes and stockings" be changed to read "To wear white shoes and stockings or black shoes and stockings—to be optional with each hospital" inasmuch as the superintendents in the northern part of the State, where

the winters are severe, thought that black shoes and stockings were more practical during the winter season. Otherwise the report of the committee stands as published in the January, 1939, QUARTERLY SUPPLEMENT.

The chairman of the committee recently wrote to the various superintendents, calling their attention to the report of the committee, as published in the January QUARTERLY SUPPLEMENT, and to the above suggested change, and asked them to be ready to vote on the report at this conference.

Respectfully submitted,

W. C. GARVIN,
Chairman, Committee on Uniforms.

The CHAIRMAN: What is the pleasure of this conference concerning the report of the chairman of the Committee on Uniforms?

Dr. WOODMAN: I move we adopt the report as amended.

The CHAIRMAN: It has been moved and seconded that the report of the Committee on Uniforms be adopted as amended. This was unanimously carried.

The CHAIRMAN: Are there other committees to report at this time?

Is there any new business which the conference wishes to undertake?

Is there any unfinished business to be taken care of?

Before I call for a motion for adjournment, I would announce that the school invites the conference to luncheon at 1 o'clock and that after the luncheon there will be a meeting of the Association of Members of the Board of visitors.

Dr. Wearne, do you care to tell the conference where the luncheon is to be held?

Dr. WEARNE: I don't believe anyone will have any difficulty in finding the dining room; simply turn to the left of this building after leaving. The walk, I believe is well marked.

The CHAIRMAN: Motion for adjournment is in order.

Meeting adjourned.

LEWIS M. FARRINGTON,
Secretary of the Conference.

DR. HUTCHINGS—AN APPRECIATION

BY PAUL G. TADDIKEN, M. D.

Every man in his time comes to a parting of the ways. Changes are inevitable. Today we signalize the retirement of Dr. Richard H. Hutchings from the State service. We meet as old friends to do him honor, to wish him well, though realizing that, as the good ship sails on, we are leaving behind him who might fairly be called the first mate to the Commissioner, the captain of the ship.

Before long I shall come to a parting of the ways for I too shall be standing on the pier watching the good ship set sail and bidding it Godspeed, confident that its destinies are in able hands, yet missing on the bridge Hutchings who has helped in no small way to chart its course and steer it safe through reefs and shoals. It will be pleasant, however, to know that Dr. Hutchings is on the pier with me, for, with him there I shall be assured of good company.

He was for some years my superior officer and I am proud to say that I have served both under him and with him. Under him, I profited by daily observing his way of doing things and with him by his always kindly advice and suggestion, coming from his years of experience and his great learning.

He is the senior of us all in point of service and has attained an age that in the State of New York makes his retirement compulsory, but which, if he were a justice of the United States Supreme Court would stamp him as only a precocious youngster. Seventy, they say he is. Does anyone believe it? Well, what if he is? A United States Supreme Court justice serves during good behavior and, since many a man behaves himself better at eighty than he did at forty, such justice has a reasonably good chance of continuing on indefinitely, barring death or senile psychosis. Dr. Hutchings, though whatever he is actuarily, is truly of indeterminate age. If he has some of the attributes of Socrates or Solon, he has some also of Peter Pan. His judgment is mature, yet somewhere within him still burns the spark of youth that keeps him young. His spirit, his heart, belie his years. He calls himself Richard, but there's a lot of Dick in him still.

There is no man here that does not know him, yet few perhaps that have known him so long as I, and none, I am certain, that has a greater respect or admiration for him, because these have increased through the years that I saw him in action as my superior and later as my fellow superintendent. I speak of him, therefore, not to gild the lily, but simply to pay him proper and due tribute as a man, a physician, and, concededly, as a great administrator and executive. Yet he is more, for he is outstanding as a psychiatrist.

To rehearse dates would be tiresome and, in this instance, superfluous, for

most of us are in a way familiar with his career and his achievements, which add new luster to Georgia, his native state. He entered the New York State hospital service in 1892 as medical interne at St. Lawrence, becoming its superintendent 11 years later and remaining there till 1919, when he was transferred to the Utica State Hospital, continuing as superintendent till his retirement June 30 last. To call to mind what he accomplished in the years between seems equally superfluous, for it is common knowledge among his associates and is written large in the annals of the department.

He was, from the very beginning, a stickler for individualization in the care and treatment of patients. To him, patient Jones was patient Jones and his illness was individual to Jones, and therefore distinct and different from patient Brown and his ailments. An innovator in what we now call occupational therapy, he organized over thirty years ago classes in hospital wards for the reeducation of dementia præcox patients and a center for manual training. He installed one of the first free dispensaries in a mental hospital and as long ago as 1915 conducted through his hospital physicians a mental hygiene clinic at Malone. As a member of the Committee on Nursing and as chairman of the Committee on Statistics and Forms, he contributed much to the development and improvement of our schools and the scientific and business forms of the department.

It is significant that at Ogdensburg he was elected president of the St. Lawrence County Medical Society and at Utica president of the Oneida County Medical Society, for the impress of his personality was felt wherever he went. That he went far and that it was felt far are shown by his election as president of the American Psychiatric Association, over which he presided at Chicago last May. And this, to a psychiatrist, is the highest honor that the members of his specialty could bestow upon him.

He was among the first doctors to answer the call to arms, and was commissioned chief psychiatrist to the 81st Division and stationed at Camp Jackson, South Carolina. Promoted to major a few months later, he was assigned to duty in the Surgeon General's office, Division of Special Hospitals and Reconstruction and afterwards as chief of staff of the Division of Neuropsychiatry at Plattsburgh Barracks. During the war, he served his country as faithfully and well as he has served his State.

Such, in brief, in thumbnail fashion, are among the things he has done. To state them fully, to comment upon them in detail, would serve no purpose, for in themselves they are but incidents in the day's work of one who has consistently given a full measure of useful service to his fellow men.

From the days when he was an interne, his ability was manifest, yet ability alone might have counted little but for the conscientious power of will that organized it and directed it into the channels that needed it most. I

would emphasize the conscientiousness that was always inherent in anything he did, for Dr. Hutchings never seemed to act hurriedly or impulsively. His every official action was apparently motivated by conscious thought, and seemed the result of deliberation, momentary though it might be, of a careful weighing of pros and cons, totally removed from snap judgment, and yet, even now, as I say this, I am mindful that he never struck one as being slow in reaching his conclusion. He decided things quickly, for he has a quick mind, but never hurriedly, for to hurry would mean to slight—and that he would not do.

I am sure he never hazarded an opinion, nor guessed at it, nor trusted to luck or chance to prove himself right. He never shilly-shallied nor dodged an issue. If the question was not complex, he made up his mind in an instant—if it was, he took time to consider it—but when he gave his answer, whether offhand or an hour or a day afterwards, you could not fail to get the impression that he had thoroughly considered the various factors involved in it and that it was comprehensive of them all and was complete, definite and final, so far as he was concerned, for you always felt that he had put the very best of Richard H. Hutchings into it. The ripest, most tempting peaches were never confined to the top of any basket that Dr. Hutchings had to offer: his were of the same quality down to the very bottom.

Scholar, gentleman, friend: the State cannot boast of an official more high-minded, more scrupulous than he, nor of a public service more ably and abundantly rendered than his. The State is fortunate that, despite his retirement, he is still to carry on with the editorship of the PSYCHIATRIC QUARTERLY and QUARTERLY SUPPLEMENT with which for so long he has been conspicuously identified. And Hutchings Hall at the Utica State Hospital stands as a memorial to the man and I am convinced that as he gazes in retrospect concerning his work he must feel decided pride and satisfaction in the great accomplishments he has made.

There is much more that I could say, but I am aware that Dr. Hutchings is on the pier, waiting for me to join him, while you all sail on. And in about a weeks time when I'm on the pier with him, he'll perhaps say to me: "I'm glad you didn't run that into a full-length obituary." And I'll answer: "Obituary? Why you and I are out of harness and sha'n't need such a thing for years and years—let's think so anyway. But say—look at that boat! Do you think those fellows are running her just right?"

Meanwhile, we tell Dr. Hutchings that he and Mrs. Hutchings will be sorely missed and that our every good wish follows them for all that their hearts desire.

P. G. TADDIKEN.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JULY 1 TO DECEMBER 31, 1939

NEW INSTITUTION FEATURES: ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY OF BUILDINGS, ET CETERA

STATE HOSPITALS

BROOKLYN

The four additional stories to each of the wings of building 10 are complete except for the electrical work. New equipment for these wards has been purchased and it is planned to occupy them as soon as the lights can be installed and the wards painted. This addition will provide accommodations for 480 patients. In the same building the kitchen has been remodeled and new equipment installed, and the sickbays for employees have been renovated.

The community store, which had occupied quarters in the basement of the Hugo Hirsh building for several years, was transferred to the new room set aside for that purpose in the basement of the assembly hall, July 10. The store is attractively decorated and is equipped with modern fittings.

The extension to the second floor of the Hugo Hirsh building has been completed. The general staff dining room is thus enlarged by about 80 per centum and is made a well-ventilated and pleasant dining room. The exterior limestone trim of this building has been cleaned and a walking tunnel, of W. P. A. construction, leading from the basement to the main tunnel near the assembly hall, has been completed and is now in use.

A new blue stone pavement has been laid in front of the 5-family staff-house. This will add greatly to the appearance of the building. Heretofore it was impossible to have an attractive lawn in that area because of the intense heat from the steam tunnel.

The bakery, constructed under W. P. A., was opened on July 10, and has been in continuous use since that date.

The new 13-car garage and gas station of steel and brick construction, has been completed and is now in use.

A handsome gate lodge is being erected near the Troy Avenue entrance.

A new steel fence has been purchased for the Winthrop Street and Utica Avenue sides of the property. The work of installing this is in progress.

Several years ago water mains were laid to the hospital property preparatory to having the institution supplied with city water. When the work had been completed and the water was about to be turned on, the New York

Water Service Corporation, formerly the Flatbush Water Company, secured an injunction restraining the city from furnishing water to the institution. The corporation was successful and the city mains were ordered sealed. Meanwhile the hospital was compelled to buy water from the New York Water Service Corporation at a cost of approximately $20,000 a year. In addition to the factor of its excessive cost, the water was quite unsatisfactory due to the large amount of calcium which it contained. We have recently been able to have this injunction set aside and to arrange with the city of New York, to furnish water to the institution without charge, arrangements for which were completed December 12. This will effect a considerable saving to the hospital, as the water furnished by the city is soft water.

Buffalo

Alterations have been made at the staffhouse to give the married staff members larger quarters with their own kitchens and dining rooms. This makes it possible to abandon the general kitchen and dining room thereby reducing the personnel by one housekeeper, two cooks and three chambermaids.

The staffhouse garage has been enlarged to accommodate all State cars and trucks.

Two tennis courts were constructed for the use of the patients and employees.

Twenty street-lighting standards have been erected to properly illuminate the main avenues of travel about the hospital.

Central Islip

Construction work on contract for addition to building 75, in the new tuberculosis group, two single staff houses, maintenance building and addition to dining room, James group, was advanced to 48 per cent of completion.

A contract for construction of an employees' home, automobile storage building and addition to laundry building was begun.

Construction work on 10 patient buildings in the new tuberculosis groups 77, 79 to 87 and staff building 88 was completed in October. A contract for grading, walks and roads about this group was undertaken in October.

A contract for waterproofing the west walls of several employees' homes was completed in October.

Repairs and alterations, including the installation of new X-ray equipment, were completed in building J, acute hospital building.

Creedmoor

Opening of the reception building has been delayed awaiting completion of serving-room equipment contracts. Two contracts in the powerhouse have been completed, as well as alterations and additions to electric panel board and installation of a new boiler feed pump.

As reported in the July Supplement, the W. P. A. began relatively little of the ambitious program which it had set up for 1939. Work which has been finished in the last six months includes the following: porch guards were repaired and painted of patient buildings O, P, L and M. The replacement of Johns-Manville conduit with concrete tunnel is practically complete, only 20 feet remaining to be finished; wire mesh partitions were erected in water sections of buildings R and S; 75 bath stall floors were repaired and stainless steel angles installed in all bath stalls of patient buildings O and P; manholes at wrong elevations have been reset; new racks were installed in electric manholes and holes cut for drainage. The installation of new pipe in tunnels constructed prior to 1939 was finished; considerable grading and landscaping was done to the extent of W. P. A. funds available. The W. P. A. has also approved six jobs of the 1939 program to be carried over into 1940. These are to finish up the tunnel work, to complete replacement of galvanized water lines with brass in patient building O; to finish up incinerator building; complete an extension to blacksmith shop building; finish a heating system in the 20-car garage and an extension of roads and walks program to the extent of the W. P. A. money available which is sufficient to nearly complete the work.

Hudson River

A project for the installation of an 8-inch water main for fire protection purposes in the cottage department area has been completed. Funds to finance this project were allotted from a special appropriation for the elimination of fire hazards.

A project for the changing from indirect to direct heating in the main building is in progress.

A continuing project for changing from indirect to direct heating in the south wing of this building is likewise progressing. Funds for the purpose were allotted from a special appropriation for the elimination of fire hazards.

Five electric ranges, one bake oven and one roasting oven have been installed in the main kitchen to replace worn-out coal burning ranges.

Two Wallace and Tiernan solution type chlorinators, costing approximately $2,500 have been installed at the sewage disposal plant to replace old Paradon units.

A project for the construction of boiler room platforms, walkways, stairs and ladders at the power plant is progressing under contract.

Equipment costing approximately $1,000 has been purchased and installed for the purpose of creating of a laboratory teaching unit in connection with our nurses' training school.

Kings Park

The renovation of building B as a W. P. A. project has been completed.

The work on the 11-story continued treatment building is nearing completion.

Contracts were awarded for the construction of the following buildings and work is well under way:

Continued treatment for 400 patients.
Superintendent's residence.
Seven-family staff house.
Five-family staff house.
Propagating house and garage.

Cottage I has been razed to make available a site for the seven-family staff house.

Cottage 20 was razed to provide a site for the five-family staff house.

Marcy

The 1938 W. P. A. allotment of $21,026.15 for grading, seeding, leveling and terracing of lawns of the hospital was begun on August 8, 1938 and completed on October 18, 1939.

Work made possible by the 1939 allotment of $35,064 for grading, seeding, leveling and terracing the lawns of the hospital was begun in October.

The male occupational therapy center in A building has been enlarged to twice its capacity by removing the partition of two adjacent rooms which were used for patients. This center has been repainted.

A concrete shuffle board has been built in the rear of building D.

The roads on the hospital grounds have been repaired with coal pack. The south main road from D building to the staffhouse has been widened and the shoulders graded.

A new ventilating system has been installed at the horse barn.

Pilgrim

The new assembly hall is now being used for basketball and badminton as well as for the regular dances, movies and entertainments for the patients. The church services, also, are held here on Sunday. Bids and estimates have been sent out on work to be done in the basement of the assembly

hall and every effort is being made so that the installation of the bowling alleys as well as the soda fountain, may be completed as soon as possible.

Various officials of the Long Island Park Commission have called relative to the proposed change in the parkway extension of the Sagtikos State Parkway which is to pass in front of the administration building.

Plans and estimates have been submitted and a great deal of work has already been accomplished toward the establishment of the new nurses training school which will probably open in the fall of 1940. This school as planned, is to be one of the finest and best equipped nursing schools in the State.

The trees in the nursery were very much in need of thinning out and it was not known how this work could be accomplished before many of these trees would die. The county highway commission was very much in need of trees to replace those lost in the hurricane of 1938 and offered to do the work with their own men in exchange for the excess trees. This work has now been completed and the nursery is in excellent condition, trees have been set out over the grounds as desired and the county has had the benefit of the extra trees which otherwise would have been lost.

Rochester

In the last report it was stated that the cross connections between the hospital water supply and the city water mains were being removed and an explanation was given as to why this was done. I am pleased to report at this time that this work was completed on August 1. The present means of connecting the two water systems is what is known as a swing joint connection in the power house and we trust that this will be used rarely if at all.

The W. P. A. painting project under development at the beginning of the period has continued throughout the last half of the year. It is not necessary to specify exactly what has been accomplished but the results are quite satisfactory and beneficial.

Late in the fall another W. P. A. project was begun, consisting of the construction of an 8-truck garage to supplement the inadequate facilities that are available. This project was about 40 per cent completed on the first of January.

For many months a vegetable preparation building has been under consideration as a W. P. A. project. Plans have been provided and approved but inasmuch as there was no money available for the sponsoring of this project up to the present time, nothing has been done.

Grading and laying of sidewalks adjacent to the entrances to the walking tunnel under Elmwood Avenue, were completed in the fall. This tunnel was a W. P. A. project and has been in use since the middle of the summer. It

should prove a valuable safety device, making it possible to cross from the main part of the institution to the old Monroe group without being exposed to the traffic dangers on an active city boulevard.

Late in the fall new cafeteria facilities were installed in dining room 3, connected with the Howard group, and cafeteria service for the 960 patients housed in this group was instituted about Thanksgiving time. This change in hospital administration has resulted in much satisfaction to the patients and has proven an agreeable surprise to the employees who questioned its feasibility. The saving in the costs of dining room service is an item of interest and importance. It reduces the amount of tableware almost 50 per cent and breakage of approximately the same percentage. It has also released the need for a large number of dining room tables and arrangements have already been made to transfer these tables to another institution where they can be used to advantage. With the installation of this equipment, the entire institution is provided with cafeteria service, with the exception of one building where it is planned to make the installation as soon as funds can be found to make the necessary alterations and rearrangements.

Rockland

The new buildings for disturbed male and female patients were completed in September and occupied during the month of October.

Two police booths have been erected, one at the northwest gate and the other at the southeast gate, to provide a shelter for the watchmen supervising and directing traffic in and out of the institution grounds.

Several W. P. A. projects have been very active during the past few months renovating, plastering and painting the buildings formerly occupied by the disturbed patients who were transferred to the new buildings opened in October.

Another group of W. P. A. workers have been busy grading, seeding and clearing brush and are at present building a road to the new wells.

A new electrocardiograph was purchased for the hospital on July 1.

St. Lawrence

Under W. P. A. auspices the following work was performed: Alteration and reconstruction of indirect heating units, electrical wiring and redecoration of wards and buildings.

Willard

Window screens were installed throughout the infirmary; slate roofs laid on farm barns.

Vinelands, one of our farm cottages, was abandoned on August 14, 1939. The 24 patients were transferred to the main section of the hospital.

Seventeen old boilers previously located at Chapin House, Pines, Edgemere, Maples, Sunnycroft and Hermitage were removed by a contracting company.

New equipment: Two presses and a water softener installed in laundry; a refrigerator and incubator purchased for the laboratory; moving picture sound screen for the assembly hall and pickup truck for grounds were procured.

W. P. A.: Two thousand one hundred fifty-six feet of drain tile installed from 66-inch diameter downwards; 5 catchbasins, 4 manholes and 4 headwalls constructed; 5,131 linear feet of curb and gutter and 840 linear feet of sidewalk were laid. A new road was constructed from the entrance to Elliott Hall, on which 308 tons of bituminous material was used. In addition to this a new athletic field and additional parking spaces are being developed.

STATE INSTITUTIONS

Letchworth Village

The additions to the hospital building are virtually completed except for the painting and for the laying of linoleum.

The construction on the addition to Cottage Beta has progressed quite satisfactorily. Partitions have been placed and work on the plastering and laying of terrazzo floors should be started immediately.

Groups of boys have been constructing a road from the lower to the upper reservoir and have it nearly completed.

Surveyors from the Department of Public Works are surveying the area from which an additional water supply might be obtained. Boys have been working with them, cutting brush to enable them to run their surveying lines.

Newark State School

A new school bus was purchased and put into use on December 12. It has a capacity of 29 adults and 43 children. A garage of considerable size for the new bus was constructed along the east side of the barn.

New electrical refrigerators were purchased to replace old-fashioned ice refrigerators.

Syracuse State School

A one-story addition 33 by 17 feet has been built on our power plant, this to house a used generator that is being transferred from the Rome State School.

A brick smoke stack, approximately 85 feet in height, no longer in use, was demolished under contract when it became dangerous.

Seven hundred seventy-five feet of Pittsburgh steel fence was constructed along the western boundary of the school property adjoining Burnet Park.

A tool shed at Edwards colony was reconstructed, this to be used as temporary quarters for the horses at that colony, following a fire which demolished the dairy and horse barn.

Wassaic

The contract for the new assembly hall is completed, institution painters have started decorating various rooms, and the carpenters are building cubicles in the instrumental music department.

The new county road connecting the institution grounds with Route 22, via the new bridge, is completed and opened for public use. The institution is constructing new roadways from the cow barns to this road.

An employees' recreation park is being constructed on Webatuck Creek. The course of the creek has been changed and the bed cleaned to afford swimming facilities. During the cold weather both patients and employees have enjoyed skating at the newly-made pool.

A new ceiling has been placed in the former main cow barn which was damaged by fire, as well as new chutes on the old silos.

Craig Colony

Installation of a new 500 K. V. A. generator was completed.

At 6:45 a. m., December 20, a fire apparently caused by defective wiring occurred in the tailor shop. Prompt response of the institution's fire department prevented material damage to the building and its contents.

NOTEWORTHY OCCURRENCES

STATE HOSPITALS

Binghamton

Mr. William E. Haugaard, Commissioner of Architecture, and Mr. R. C. Taggart, engineer, visited the hospital July 5, and inspected a number of possible sites for the new power house, for which funds have been appropriated.

The annual sale of articles fabricated by various occupational therapy centers was held December 7-8.

Graduating exercises were held September 30; nine female nurses were graduated.

On account of shortage of funds it has been necessary to return all of the patients, who were in boarding homes, to the hospital, with the exception

of six men and six women. Of these, board for five patients is being paid by committees of these patients, for two by relatives; the remaining five patients are continuing in the boarding homes for the work they are able to do, and because the boarding home mothers like them.

The following employees retired on pension during the last six months:

Michael Kane, gardener, August 31.

George E. Emerson, first-grade assistant engineer, October 1.

John Sheuneman, attendant, detailed to occupational therapy department, died September 5.

Brooklyn

The semi-annual conference of stewards was held here on September 14.

Mr. D. Ormonde Ritchie, secretary, Senate Finance Committee, visited the hospital on October 17.

Dr. Reyes, consulting dermatologist from a mental hospital in San Salvador, visited on October 5.

Dr. Van Der Lugt and Miss Ida Kreymborg from Holland, visited on October 3.

Dr. John L. Van De Mark, superintendent of Rochester State Hospital, and Dr. R. M. Elliott, formerly superintendent of Willard State Hospital, now of Canandaigua, were visitors at the hospital in October.

Monthly meetings of the Brooklyn State Hospital Neuropsychiatric Forum were held at the hospital on the following dates: October 17, at which time the program was devoted to a symposium on Heart Disease; November 14, symposium on Upper Abdominal Conditions, and December 14, one on Treatment of Pneumonia by Intravenous Administration of Sulfapyridine.

In November a representative of the American College of Surgeons made a careful survey of the hospital, following which it was approved by that body.

A meeting of the Psychiatrical Society of the Metropolitan State Hospitals was held here on the evening of December 18. Papers were read by Drs. Christopher F. Terrence and Mark Zeifert, senior assistant physicians on the hospital staff.

The annual Christmas entertainment was held in the assembly hall on the afternoon of December 21 and was attended by about 750 patients. The hall was attractively decorated and the entertainment was much enjoyed by the patients and visitors.

Dr. Frederick W. Parsons, former Commissioner of Mental Hygiene, visited the hospital December 28.

The Doctors' Musical Club of the Kings County Medical Society gave a concert in the assembly hall December 27. This was enjoyed by a consider-

able number of working patients who expressed themselves as pleased with the program.

BUFFALO

Employees of the occupational therapy department attended meetings of the Western New York Occupational Therapy Association held at the New York State Tuberculosis Hospital, Mount Morris, on August 3, and at Clifton Springs Sanitarium, Clifton Springs, on November 14.

During the week of August 21, this department held an exhibition and sale at the Erie County fair, Hamburg.

On October 25, the hospital joined with the Buffalo General Hospital, the Millard Fillmore Hospital and the Children's Hospital, all of Buffalo, in graduating exercises for nurses at the State Teachers' College. This is the second year in which community graduating exercises have been held in this city. Mrs. David Diamond, a member of the board of visitors, was in charge of the arrangements.

At the regular monthly meeting of the board of visitors in October, Dr. Harry H. Ebberts and Mrs. John R. Hazel were reelected president and secretary, respectively.

On November 15, Bertha L. Allwardt, nursing field representative of the American Red Cross, Washington, D. C., talked to all students relative to enrollment for service.

Dr. George C. Stevens, director of medical care, department of public welfare, Indianapolis, Ind., and his assistant, Dr. Moulton, were visitors from December 6 to 9. They accompanied Dr. H. Beckett Lang, acting medical inspector, in his inspection of the hospital.

Dr. H. L. Levin, director of clinical psychiatry, was appointed lecturer in mental hygiene at the University of Buffalo School of Social Work for the academic year 1939-1940.

Mrs. Anna F. Merriman, assistant social worker, retired on December 31, after 34 years of service.

Mrs. Hattie Rittenhouse, attendant, retired on December 31, after 25 years of service.

Anthony N. Grabski, an attendant, employed May 2, 1938, died October 25 of pneumonia.

CENTRAL ISLIP

Our social service department was in charge of the exhibit of the National Committee for Mental Hygiene at the New York World's Fair from June 15 to July 5, inclusive.

The semiannual conference of stewards at the Brooklyn State Hospital, September 14 was attended by Mr. Frey, steward of this hospital.

Dr. A. W. Snedeker of Staten Island, came to the hospital September 15 to spend several weeks in the study of insulin and metrazol shock therapy treatment in cases of dementia præcox, et cetera.

The New York State Association of Nurses held their meeting at Buffalo from October 16 to 20. It was attended by several representatives from our school of nursing.

Our social worker, Mrs. Ethel B. Bellsmith, attended the New York State Conference on Social Work held at Rochester, from October 17 to October 20.

Mrs. Peter Sexton, a member of our board of visitors, died November 12.

Dr. Alonzo F. Smith, senior assistant physician, commenced a postgraduate course in neurology and psychiatry at the Psychiatric Institute and Hospital, New York City, on October 1 and completed the course in December.

Our patients' baseball team won the championship of the patients' baseball league and with it the Jerry Vogel Cup. The league consists of patients' teams from Creedmoor, Kings Park and Central Islip State hospitals and from the Veterans' Administration Facility at Northport.

The following employees retired from the service of the hospital during the past six-month period:

Martha A. Keefe, attendant, July 1.
Lewis H. Fraser, attendant, July 31.
Charles Josenhaus, attendant, July 31.
Kate Murphy, attendant, October 17.
James McMahon, charge attendant, October 31.

CREEDMOOR

We were visited on July 10 by Dr. Aaron J. Rosanoff, commissioner of mental health for California, accompanied by a representative of the division of architecture of that state, and an engineer from the University of California at Berkley.

On November 24, a movie entertainment was given for our patients by the Century Circuit, under the auspices of the American Legion. Ladies of the Legion Auxiliary attended and distributed a donated package of cigarettes to male patients and an individual quarter-pound box of candy to women patients.

During the Christmas holidays we followed our usual custom of supplying trees for all patient buildings, employee homes, et cetera, and many of the wards and buildings were very attractively decorated. Saturday morning, December 23, a group of 125 patients went from building to building singing Christmas carols. Special parties were given for working patients

and on Christmas day gifts purchased from a donated fund were distributed to all friendless patients. On the twenty-sixth a special vaudeville entertainment was provided with shows in the afternoon and evening.

Gowanda

The Chautauqua County farm bureau, under the management of C. K. Bullock, county agricultural agent, visited the hospital on July 25. More than sixty carloads of Chautauqua County farmers and their families picnicked at Helmuth Grove. After a short talk by the superintendent on hospital matters and procedures, they visited sections of the hospital—wards, kitchens, et cetera, then went to the farm, where they inspected the dairy, piggery and poultry plant.

On August 8, the elevated water tank, which had served as an auxiliary water supply since 1900, was razed. This removes a landmark which was visible for several miles from the hospital.

The semiannual meeting of the New York State Sewage Works Association (western division), was held at the hospital September 25. The day was spent in inspecting the local plant and various other divisions of the hospital.

Harlem Valley

Dr. Charles Greenberg, senior assistant physician, and Dr. William B. Cline, Jr., assistant physician, took the six weeks course at the Psychiatric Institute, New York City, beginning October 3, 1939.

The Dutchess County Psychiatrical Society held its November meeting at the hospital November 16.

Hudson River

The annual hospital field day and carnival was held July 4, 1939 at the recreation field, and the general athletic events were participated in by employees and patients of this hospital, and a group of patients from the Harlem Valley State Hospital. In the afternoon a baseball game was played between the teams of this hospital and the Harlem Valley State Hospital.

A visit to the hospital was made August 21 by Mrs. Franklin D. Roosevelt and by Mrs. H. Mellen, personnel supervisor, Mr. J. F. Flanagan, district supervisor, and Mr. E. M. Wagoner, county supervisor of the National Youth Administration, to inspect work being done at the hospital by youth of that body.

The occupational therapy department had a successful exhibit and sale of articles made by the patients of the hospital at the Dutchess County fair, Rhinebeck, from August 29 to September 1. The floral department had an exhibit of flowers at the fair, and the farm department had an exhibit of

fruits and vegetables, and both of these departments received an award of merit.

The fifty-third graduation exercises of the school of nursing were held the evening of September 15. Eight men and seven women received diplomas for the successful completion of their course of studies. The address of the evening was given by the Rev. Fred W. Stacey of Poughkeepsie.

A large number of the medical staff attended meetings of the Dutchess County Psychiatrical Society at the Matteawan State Hospital the evening of October 19, and at the Harlem Valley State Hospital the evening of November 16.

On December 5 Dr. H. K. Spangler, field representative of the American College of Surgeons visited the hospital and made a survey of the hospital for the hospital standardization program of the American College of Surgeons.

The various Christmas festivities were conducted during the holiday season for the entertainment of our patients. On December 22 a moving picture and vaudeville program was given, followed by presentation of Christmas gifts to patients. Other small Christmas parties were given to various groups of patients in different departments of the hospital. As is customary, 16 large Christmas trees properly lighted were placed at various points on the hospital grounds where they could be best seen by the patients in the various buildings. There were also more than one hundred small Christmas trees appropriately decorated on the various wards.

Kings Park

The graduation exercises of the school of nursing were held September 27.

On July 10, Dr. Aaron J. Rosanoff, director of institutions, state of California, together with Mr. P. T. Poage, assistant state architect, and Mr. W. B. Reynolds, engineer, University of California, visited the hospital.

Dr. Albert H. Harris of the division of laboratories and research, Albany, visited our hospital on September 7.

Dr. L. L. Ferguson of the American College of Physicians and Surgeons, Chicago, Ill., visited our hospital September 27.

The semiannual exhibit and sale of the occupational therapy department was held November 14, 15 and 16.

Deaths:

Michael Lavelle, attendant, October 4.

Mildred R. Murphy, attendant, December 31.

Retirements:

Anna Hamilton, special attendant industrial seamstress, on July 6.

Michael Campbell, attendant, on August 4.

John O'Brien, fireman, on September 30.
Joseph McDonald, chef, on December 31.

Reinstated:

James F. X. O'Connell, assistant social worker, July 1.

Resigned:

Elizabeth R. Jeno, assistant social worker, September 30.
Dr. John S. Wyckoff, dental interne, November 15.

Appointment:

Dr. Hubert C. Meyers, dental interne, November 16.

MANHATTAN

The patients' Hallowe'en party was held in the assembly hall Thursday afternoon, October 26 and Friday evening, October 27. The usual show had to be omitted due to the fact that the hospital was without a physical instructor. General dancing alternated with games and novelty dances. Approximately 875 patients attended both parties.

The graduation exercises of the school of nursing were held Thursday evening, October 10, in the assembly hall. Nineteen graduating students, seven men and 12 women, received their diplomas and pins. The speaker of the evening, Hon. Murray Monness, gave an interesting and appropriate talk to the graduating class and guests.

Dr. Willis E. Merriman was transferred to the superintendency of the Utica State Hospital, the first of November. Dr. Merriman had served the hospital in the position of superintendent since July 16, 1933. The hospital will miss his able services and the personnel regrets his departure.

The first meeting of the 1939-40 season of the Psychiatrical Society of the Metropolitan State hospitals was held at the lecture hall of the hospital November 6, at 8:30 p. m. There were two presentations as follows:

The Treatment of General Pareties with Standardized Number of Malaria Parasites.

Clinical Observations on the Effects of Intravenous Insulin in Treatment of Mental Disorders.

A Christmas party was held for 125 patients at the occupational therapy center, Thursday afternoon, December 21. The annual holiday party was held in the amusement hall Thursday afternoon, January 4. Thirty-five Christmas trees were distributed to various parts of the hospital. Candy and gifts were distributed to the patients.

MARCY

Mrs. Ruth B. Nelson, chief occupational therapist, attended the New York State Library Association meeting at Lake Mohonk.

Mrs. Vera Hardwich attended the New York State Conference on Social Work at Rochester on October 17 and October 18. Miss Pearl Ruby and Miss Felecia Wasileska attended on October 18, 19 and 20.

Communion services for Episcopal patients are held regularly at the hospital once each month.

The occupational therapy Christmas party was held in the assembly hall on December 27. This was in the form of an amateur show and was participated in by employees and patients, about 40 in number. Boxes filled with fruit, candy and cake were distributed to the patients.

Mrs. Mabel MacDonald, charge attendant, died July 31.

David P. Brown, painter, died November 22.

Middletown

A summer carnival for patients was substituted for the annual field day, July 19. Each department of the hospital erected and decorated its own booth and there was considerable competition in originality and design. Games of skill and chance featured the carnival and small prizes were given patients who were winners. A feature was an animal show, a collection of live animals under the direction of Harlan Walston. So much interest was taken in the carnival that it was held a second night and opened to the public, and over a thousand paid admission at 10 cents apiece. Music was furnished by the Florida band and on the second night by the band from the Rockland State Hospital.

Picnics for patients were held during the summer at the hospital's picnic ground on the Shawangunk Kill. Each department of the hospital enjoyed two days at the picnic grounds during the summer.

The hospital was represented at the Orange County fair by its usual display of products of the occupational therapy department, which were offered for sale, and by an exhibit of fruits, vegetables and flowers. Patients were admitted free on one of the days.

Dr. Robert Woodman, superintendent, has been appointed chairman of the Training School Committee of the Department of Mental Hygiene, to succeed Dr. Paul G. Taddiken.

The annual commencement exercises of the training school for nurses were held September 20. There were 15 graduates—11 women and 4 men—who received their diplomas presented by Mr. Robert H. Clark, president of the board of visitors. Mr. Philip A. Rorty of the board of visitors gave the annual prize and Dr. Harry L. Chant, district health officer, addressed the graduates.

Dr. G. Walter Monteleone, medical interne, attended the course at the Psychiatric Institute beginning October 2.

The annual Hallowe'en masquerade ball for patients and employees was held in the amusement hall on the evening of October 30.

Dr. Arthur P. Powelson, assistant physician, died of chronic myocarditis on November 10, 1939. Dr. Powelson had been in the service of the hospital since August 1, 1929.

Mr. Clarence Nolan of the engineer's department, died from coronary thrombosis November 4. Mr. Bernard Osborn, employed as a baker with 16 years of service, died suddenly on the evening of October 28 from coronary thrombosis. John R. Rockey, charge attendant, died November 29. Mr. Rockey had been ill for some time from malignancy involving the lung.

Brown B. Hunter, chief supervisor of the hospital, retired November 30, 1939 after 28 years of service. Mr. Thomas Stevens was promoted to chief supervisor to fill Mr. Hunter's vacancy and Mr. Reuben Oldfield, a graduate of the Middletown State Hospital training school and a nurse of many years experience here, was promoted to supervisor of the men's department.

Mr. Harvey Malone, head mason at the hospital, retired November 30 after more than 40 years of service.

Mrs. Ruth Terry, assistant social worker at this hospital for four years, resigned to accept an appointment as social worker at the Syracuse Psychopathic Hospital.

The hospital herd has been certified as free from both tuberculosis and Bang's disease and an accredited Herd Certificate has been issued in both instances by the Department of Agriculture and Markets.

Pilgrim

Dr. Harry J. Worthing, superintendent, attended a conference held July 7 at the psychiatric division, Bellevue Hospital, under the auspices of Dr. Goldwater, commissioner of hospitals, New York City, to consider the Desmond bill regarding the amending of the code of criminal procedure in inquiring into mental condition of defendant before or during trial and repealing certain provisions relative to appointment of committee.

On July 19, word was received of the death of Mr. Henry Bermingham, one of the members of the original board of visitors.

A general strike was called affecting all trades except the electrical workers, on the construction of the new disturbed buildings, 81, 82 and 83, on August 3. The strike lasted until November 2, when some of the trades resumed work on the buildings.

Martin Eisenschmied, an employee in the power house, died suddenly while at work, September 5.

On September 9, the hospital suffered a severe loss in the death of Mr. Jesse A. Cotter, steward. Mr. Cotter became associated with this hospital on

January 15, 1932, and had been untiring in his work and efforts to bring the buildings to completion and to put in modern equipment, that we might give better care to our patients.

Commissioner Haugaard of the Department of Public Works, spent the greater part of September 15 with the superintendent, going over construction matters.

Miss Grace A. Reavy, president of the commission, Department of Civil Service in Albany, visited the hospital September 22 and discussed with the superintendent, matters of reclassification of personnel.

Mrs. Grace Roche Smith, an attendant, died at the hospital October 7.

Mr. D. C. Ritchie, secretary, Senate Finance Committee, and Assemblyman E. T. Barrett called at the hospital on October 19 to discuss budget matters.

The Committee on Construction held a meeting October 20 at the hospital, relative to plans for a new hospital, those present being Dr. William J. Tiffany, Commissioner, Dr. Garvin, Dr. Ross, Dr. Parsons, Commissioner Haugaard, Department of Architecture, Mr. Kibbe, Mr. Bowden, Mr. Howe, and the superintendent.

On November 21, Dr. Nolan Lewis of the Psychiatric Institute addressed the staff in the afternoon and in the evening was the guest speaker at the Long Island Psychiatric Association, which met at this hospital.

A flag-raising ceremony was held November 26, in which members of the county organization of the American Legion, with a drum corps and members of the Boy Scouts, members of the staff, employees and patients took part. A parade was held and a band from Central Islip State Hospital, together with the drum corps gave the occasion a very martial air. The first part of the ceremony was held in the assembly hall, then the parade to the administration building where the actual flag-raising took place. It was an occasion enjoyed by all.

On December 27, word was received of the death of Mr. Dudley D. Sicher, a member of the board of visitors who for some years had been much interested in the work of this hospital.

Rochester

At the end of the fiscal year we were fortunate in that we could carry our hospital personnel as we had in the previous year. Certain items were vacant and continued vacant. Patients under family care at the turn of the year continued as in the preceding period.

On October first, William L. Buck, who for many years had been associated with this institution and for about eighteen months had served as steward, retired from the service.

Mr. Karl E. Alderman, formerly steward at Matteawan State Hospital, an up-Stater by birth, took over the office of steward November 1. Mr. Alderman has had long and valuable experience which makes him well qualified to carry on the duties of his position.

The annual safety inspection by representatives of the city fire department was made the last of November and covered a period of approximately three days. We are very fortunate to be situated as we are in close proximity to a city equipped with first-class fire apparatus. We are also fortunate in having the whole-hearted cooperation of this department as demonstrated by this periodical survey. It has been our policy in years past to comply with recommendations in all respects and to the limit of our ability to do so. This year for the first time the inspectors recommended that supports be provided for the old mansard roof. This has been a topic for discussion for years back. The suggestion is difficult to follow but it will be taken up with the proper authorities when they next visit the hospital.

The Christmas holiday season was celebrated in the usual manner with Christmas decorations and illuminated trees, both inside and outside, and a special menu was provided for Christmas and New Year's dinner. Our patients were well remembered by their friends and relatives and they appeared to appreciate what was done for them.

The assistant principal of the school of nursing, Mrs. Florence W. Dean, was granted retirement on disability at the end of the period. Mrs. Dean had been actively interested and associated with the training school for several years and more recently very active in the development of our hospital library. Her presence as one of the official family will be missed by everyone.

Dr. K. W. Brimmer, medical officer, U. S. Department of Agriculture, Division of Foods, visited the hospital August 10.

Battalion Chief Frank Gallaher and Capt. Louis Holley, city fire department, came to the hospital November 27, 28 and 29.

Rockland

Dr. Agullo, psychiatrist and director of the Covalonga Hospital, Havana, Cuba, visited the hospital and inspected several of the buildings on August 11.

Miss Helen Sala, director of social work of the Missouri State hospitals, visited the hospital August 16, and observed work being done in the social service department.

Dr. Elaine F. Kinder, research psychologist, Letchworth Village, brought a group of students to the hospital August 22 for a clinic given by Dr. Tallman.

On September 18 Mr. Richard N. McGovern, engineer of the Department of Public Works, visited the hospital to start the survey for an addition to our laundry.

September 26 Dr. Raul Ramos Calles and Dr. Guillermo Aranda of the Municipal Psychiatric Hospital, Caracas, Venezuela, visited the hospital.

The graduation exercises of the 1939 class of student nurses were held on the evening of September 28, at which time 14 men and 4 women were graduated.

Dr. Simon L. Victor, senior assistant physician, was assigned to take the postgraduate course in neurology and psychiatry at the New York State Psychiatric Institute and Hospital beginning October 2.

A benefit dance for the Good Samaritan Hospital, Suffern, was held in the assembly hall October 11.

The Rockland County First Aid Council held a dance in the assembly hall October 27.

On November 11 the American Legion post of the hospital was host to the other legion posts of Rockland County. A parade was held on the hospital grounds following which appropriate exercises were held in the assembly hall. The parade was very much enjoyed by the patients and employees of the hospital.

Dr. Huston K. Spangler, field representative and inspector from the American College of Surgeons, visited and inspected the hospital on November 24.

At the annual meeting of the Rockland County Medical Society December 6, Dr. R. E. Blaisdell was elected president and Dr. M. J. Sullivan, a member of the board of visitors, was elected vice-president for the ensuing year.

On December 6 Dr. R. E. Blaisdell attended a luncheon meeting of the Research Council on the Problems of Alcohol, at the Hotel Commodore in New York City.

The annual Red Cross drive at the hospital was under the supervision of the school of nursing.

St. Lawrence

On July 31, 1939, Mrs. Margaret McKittrick, special attendant, sewing room, retired after employment of 25 years and 9 months.

On September 18, Dr. Paul G. Taddiken, whose retirement as superintendent became effective September 30, and Mrs. Taddiken, were guests of the employees at a reception at Curtis Hall, at which time they were presented with an antique banquet table.

On September 30, Helen V. Clune, R. N., principal, school of nursing, retired after completing a service of 36 years and 25 days. On August 30

the students of the school gave a tea in her honor, at which time she was presented with a reading lamp.

At the October meeting of the board of visitors election of officers resulted in the choice of Mrs. Mary S. Goodale as honorary president. Mrs. Goodale had resigned as president after having served in that capacity since December 14, 1927, and as a member since 1902. Mrs. George D. Hewitt was elected president and Mrs. Ira D. Spencer, secretary.

Utica

Mrs. Fred M. Geortner of Canajoharie and Mr. Edward C. Wells of Johnstown, official visitors of the State Charities Aid Association, spent the days of July 25 and September 14, respectively, at the hospital.

Dr. Charles E. Benwell of the Public Hospital for the Insane, New Westminster, B. C., Canada, having completed his three months period here as a visiting psychiatrist, left on September 1.

Miss Loretta H. Clough, assistant principal in the school of nursing, was granted a leave of absence effective September 20, in order that she might obtain a degree at Columbia University.

Dr. Duncan Whitehead, senior assistant physician, was granted a leave of absence on September 16 to take a six weeks practical course in aviation medicine at Mitchell Field.

Dr. James N. Palmer, medical interne, was awarded a fellowship under the auspices of the Austin F. Riggs Foundation. On September 20, he was granted a leave of absence to take advantage of this honor and is now receiving special training at the Austin Riggs Sanitarium at Stockbridge, Mass.

Miss Eva M. Schied, chief social worker and secretary for the Oneida County Mental Hygiene, arranged for the annual dinner of that society in conjunction with the Utica Council of Social Agencies, which was held in Hutchings Hall on September 26. Dr. W. H. Cowley, president of Hamilton College, was the speaker and his subject was "Preventive Psychiatry." About 260 persons were present.

Graduation exercises for the Faxton, Utica Memorial and Utica State hospitals, which comprise the Utica Central School of Nursing, were held in Hutchings Hall on September 27, and six graduates of the Utica State Hospital were awarded their diplomas. Dr. W. H. Cowley, president of Hamilton College, addressed the graduates.

Three social workers were assigned to the booth of the National Committee for Mental Hygiene in the Science and Education building at the World's Fair. Mrs. Mabel Kirkpatrick was there for a week beginning Sep-

tember 28, and Miss Catherine Charles and Miss Dorothy C. Hutchings were there the following week.

Dr. Edward N. Bink, medical interne, attended the postgraduate course in neurology and psychiatry at the Psychiatric Institute and Hospital, New York City, from October 2 to December 8.

On October 24, Prof. C. E. Meyer of the social science department of the North High School, Syracuse, came to the hospital with approximately 70 of his students. They were conducted through various departments of the hospital, following which a clinic by Dr. John J. Dorey was presented for them.

The elimination of some dining rooms following the opening of the new cafeteria for patients permitted an increase in the certified capacity of the hospital. On October 27, the Commissioner advised that the certified capacity would be changed from 1,336 to 1,552. This increase of 216 beds was divided as follows: 120 for men and 96 for women.

Pursuant to an order issued by Commissioner William J. Tiffany, the knitting shop at this hospital was officially closed on October 31. This had been under contemplation for some time inasmuch as this hospital was unable to compete with similar material produced by the prisons.

On November 8, Prof. Roy W. Foley of Colgate University, Hamilton, was here with a group of 75 students. Following a tour through the hospital, they were addressed by Dr. Duncan Whitehead, who presented and demonstrated typical cases of psychoses.

The following employees retired from the service of the hospital during the past six-month period:

Truman E. Adams, foreman of printing department, July 31.
Mary E. Cannon, chambermaid, September 17.
Rose Devereaux, special attendant, September 30.
John W. Balderson, herdsman, October 19.

Two employees died during the same period:

Anna M. Stiefvater, attendant, July 18.
John A. Hartford, chef, October 14.

Willard

Because of the large number of patients received from the Syracuse Psychopathic Hospital each physician at Willard has been spending a week at the former institution. By this means the Willard doctors can have a better understanding of the problems at the Psychopathic Hospital and a closer working relationship is, therefore, established.

Psychiatric Institute and Hospital

In cooperation with Columbia University, postgraduate courses in neurology and psychiatry were given at the institute for a 10-week period beginning October 2 and ending December 8. Sixteen of the institutions in the Department of Mental Hygiene were represented in this course by physicians selected by the individual superintendents.

On December 16 the Quarterly Conference of the State Department of Mental Hygiene was held at the Institute. The scientific program included a review of the research activities of the Psychiatric Institute during the past decade, by Dr. Lewis, a paper on the present status of electroencephalography by Dr. S. E. Barrera of the Institute staff, and one on the subject Recent Developments in the Treatment of the Pneumonias by Dr. Jesse G. Bullowa of the Harlem Hospital, New York City.

STATE INSTITUTIONS

Letchworth Village

Due to the lack of rain during the summer months, the water supply of the institution was severely affected and it was necessary to conserve water in every way possible. Although many measures were taken, the shortage became acute because of the continued scarcity of rain, and the institution was forced to pump water from a nearby lake to the institutional water shed. Through these pumping operations, the institution was supplied with enough water and a very serious situation was averted.

On September 30 the regional meeting of the northeastern section of the American Association on Mental Deficiency met at Letchworth Village. There were nearly 150 persons present, delegates coming from Maine, New Hampshire, Massachusetts, Rhode Island and Connecticut, as well as our own State. The meeting was devoted almost entirely to the subject of Family Care which topic very much interested the members of the association from the New England states as it is believed an attempt will be made to establish family care in those states.

On the morning of the same day the Twelfth Annual Conference of Social Workers of the Eastern State Schools for the Mentally Deficient also met at the institution. The speakers were: Miss Gladys Mendum, children's agent, Rockland County branch, State Charities Aid Association; and Dr. Humphreys, director of research, and Miss Buck, social worker, both of Letchworth Village. In the afternoon the social workers attended the meeting of the American Association on Mental Deficiency.

On October 18 the Rockland County Medical Society convened at Letchworth Village. Dr. Eugene R. Mazullo, assistant professor of medicine of

Long Island College, Brooklyn, was the guest speaker and talked about common diseases of the blood with relative diagnosis and treatment.

On October 25, Mr. Robert L. Hulett, master mechanic, died in our hospital of a brain tumor. Mr. Hulett had been employed at the institution as master mechanic for over 22 years, having come to the institution on April 1, 1917. He was one of the most able and conscientious employees of Letchworth Village and took the keenest possible interest in the development and maintenance of the electrical, water, and sewage departments of the institution.

On November 30, Dr. Alexander N. Bronfenbrenner retired because of illness. Dr. Bronfenbrenner came to Letchworth Village on December 1, 1924, as a pathologist and was very much interested in research problems among the feebleminded. He made many studies and published several contributions to the pathology of mental defect. Dr. Bronfenbrenner has entered the Raybrook Sanatorium, Raybrook, where it is hoped that his health will be very much improved.

Mrs. Mary Bender, who had been employed in the institution since November 15, 1921, also retired on November 30 at the age of 70. Mrs. Bender was a very faithful employee, always obtaining the goodwill of the employees living in the attendants' home where she was housekeeper for over 17 years.

On the day following Thanksgiving an epidemic of food poisoning developed among the girls of the women's and female infirm groups. All the girls who became ill received their food from the women's service building. There were no cases of illness among the children served from other service buildings. The poisoning, which is believed to be a result of something eaten at the Thanksgiving dinner, affected over 200 girls. A study, which was immediately made of the food served, is still being conducted by the State and city of New York departments of health. Laboratory reports would indicate that the illness was due to an infection of a bacillus of the paratyphoid group, either the Salmonella aertrycke or Salmonella enteritidis. All the girls made an excellent recovery and there seem to be no after effects of the disease.

Dr. Elaine F. Kinder has been serving as a member of the committee of the New York State Association for Applied Psychology which has been working with the New York State Civil Service Department toward the establishing of qualifications and standards of psychological positions in New York State service.

Dr. Edward J. Humphreys has been elected editor of the *Proceedings of the American Association on Mental Deficiency.*

Newark State School

On July 18, an athletic meet was held at the dedication of our new athletic field. Dr. George Watson, president of the board of visitors, gave the dedication speech. The field was given the name "Parson's Field" in honor of our former Commissioner.

Eighty-four boys and girls received the Sacrament of Confirmation October 24 from the Most Rev. James E. Kearney, D. D., bishop of Rochester, assisted by the Rev. Lawrence B. Casey, vice-chancellor of the diocese. Priests from Newark, Geneva, Lyons, Palmyra, Shortsville and Clifton Springs were in attendance.

Dr. David B. Jewett of Rochester, was appointed consultant for internal medicine November 7.

Mr. William Lyons, teacher of speech correction, took a two months postgraduate course during the summer at New Hampshire State University.

Miss Ethel Barrett, teacher of music for 16½ years, retired September 1.

Mr. Stanley Kardys, a graduate of Ithaca College of Music, was appointed teacher of music October 1. He plans to develop a school band and orchestra, as well as choral work.

Syracuse State School

Field day was held at the colony department and the main school on July 4th. Competitive races and contests took place, followed by a picnic supper.

On July 18, boys from this school participated in a tri-school track meet at Newark State School. Children from that school, Craig Colony and this institution took part. The boys from this school won the track meet and were awarded a plaque commemorating the occasion.

At about 6 a. m. July 26, a fire was discovered in the barn at our Edwards colony. Fire departments of Camillus, Solvay and Syracuse responded, but in spite of their efforts the barn was completely destroyed. Investigation indicated that the cause was spontaneous combustion.

On August 1 a very regrettable accident occurred resulting in the death of our dairymen, Mr. Willis H. Hall. While attempting to put a ring in the bull's nose in the exercising yard, Mr. Hall was crushed against a cement wall when attacked by the bull.

A group of girls from the Wilson playground in Syracuse presented the "Chatterbox Review" for the children at the school, August 19.

The girls' camp on the shore of Lake Ontario closed August 27, after a very successful 10 weeks period.

In September the school changed the location of one of its girls' colonies to 733 Euclid Avenue. This house is much larger and more suitable for colony purposes.

At Christmas time the children presented an entertainment entitled "Christmas at Beanville School." A large number of outside guests attended.

All the children of the city school attended the Elks' Christmas Party at Loew's Theater, December 26.

Mr. Robert B. Emlaw, who had been employed at the school since May 11, 1931, died suddenly September 24.

Miss Anna Delaney, who had been an employee of the school since August 13, 1928, died September 26.

Wassaic

Miss Grace A. Reavy, president of the Department of Civil Service, made a short visit at the school on July 25.

On September 23 the Quarterly Conference of the Department of Mental Hygiene was held at Wassaic State School.

On October 18 the board of visitors held its meeting at Kingston colony and enjoyed a delightful luncheon at the home of Mrs. Howard A. Lewis, vice-president.

Dr. George Kreezer of Cornell University and Mr. Frederick Smith, his assistant, carried on an electroencephalographic experiment at this institution during the months of October and November.

The usual Thanksgiving and Christmas festivities were thoroughly enjoyed by all the children. The Christmas exhibition and sale was very successful.

The following employees retired on pension during the last six months:

Nelson Morey, field service attendant, September 30.
Nellie Shuffleton, night attendant, October 15.
Perry Morse, field service attendant, December 31.
Frank Horton, plasterer, December 31.

Craig Colony

Ten male and 10 female patients went to Newark State School by bus July 18, to take part in games in connection with the dedication of a new athletic field.

Fifty patients, Girl Scouts and Brownies, were taken to Hemlock Lake for a picnic luncheon August 8.

Dr. J. F. Ward, a member of the Colony's board of visitors for some 20 years, died on October 4.

The graduating exercises of the training school for nurses were held the evening of October 11. The speaker was Rev. Raymond T. Ferris of Mount Morris.

Drs. E. L. Hanes and G. K. Collier of Rochester, visiting committee from the State Charities Aid Association, spent the afternoon of October 12 at the Colony.

On November 29, the men's chorus of the Rochester Gas and Electric Corporation presented a concert in the Colony's assembly hall.

Albert Lord, attendant, retired on July 1.

Ray M. Crocker, watchman, retired October 1.

Rev. J. R. Jeffrey, resident Protestant chaplain for 30 years, retired November 1. Rev. Ralph Webb was appointed to the vacancy, November 15.

Mrs. Edith Gray, laundress, died December 5.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE

Appointments

Assistant Physician

Berlatt, Dr. Louis, medical interne at Middletown State Homeopathic Hospital, December 1.

Brody, Dr. Matthew, medical interne, Brooklyn State Hospital, December 15.

Hogeboom, Dr. Willard L., medical interne, Gowanda State Homeopathic Hospital, September 16.

Murphy, Dr. John M., medical interne, Brooklyn State Hospital, December 21.

Selleck, Dr. Edith G., medical interne, Middletown State Homeopathic Hospital, December 1.

Tamarin, Dr. Sidney L., medical interne, Brooklyn State Hospital, December 21.

Medical Interne

Alpert, Dr. Herman S., Letchworth Village, July 1.

Anderson, Dr. James O., Pilgrim State Hospital, July 1.

Bauer, Dr. William, Brooklyn State Hospital, July 1.

Birchall, Dr. Robert, Harlem Valley State Hospital, July 1.

Berardelli, Dr. Dandolo, Syracuse State School, December 16.

Bonime, Dr. Walter R., Central Islip State Hospital, July 1.

Cole, Dr. Lewis F., Utica State Hospital, September 21.

Culver, Dr. Wesley Youngs, Pilgrim State Hospital, October 1.

Donovan, Dr. William R., Central Islip State Hospital, July 1.
Fisher, Dr. Robert M., Central Islip State Hospital, July 1.
Gold, Dr. Max, Central Islip State Hospital, July 1.
Hager, Dr. Dorothy, Central Islip State Hospital, July 1.
Hyde, Dr. Charles R., Brooklyn State Hospital, July 1.
Kaplan, Dr. A. Hillier, St. Lawrence State Hospital, July 1.
Maxwell, Dr. P. Dickinson, Pilgrim State Hospital, July 1.
Meyer, Dr. Bernard C., St. Lawrence State Hospital, July 1.
Moynahan, Dr. Brian St. J., Central Islip State Hospital, July 1.
Otto, Dr. James R., Central Islip State Hospital, July 1.
Rudmin, Dr. Joseph F., Pilgrim State Hospital, July 1.
Walters, Dr. John William, Pilgrim State Hospital, December 1.

Promotions

McIntosh, Dr. Donald J., assistant physician, Kings Park State Hospital, to senior assistant physician, September 30.

Transfers

Superintendent

Merriman, Dr. Willis E., Manhattan State Hospital, to the superintendency of Utica State Hospital, November 1.

Pritchard, Dr. John A., Buffalo State Hospital, to the superintendency of St. Lawrence State Hospital, November 1.

Senior Assistant Physicians

Bryan, Dr. Elizabeth L., Manhattan State Hospital, to Harlem Valley State Hospital, December 31.

Kleiman, Dr. Charles, Marcy State Hospital, to Rockland State Hospital, October 1.

Retirements

Preston, Dr. Margaret K., senior assistant physician, Willard State Hospital, November 1.

Taddiken, Dr. Paul G., superintendent, St. Lawrence State Hospital, September 30.

Resignations

Pathologist

Morris, Dr. Joyce Springer, from provisional appointment at Binghamton State Hospital, August 31.

Senior Assistant Physician

Holt, Dr. Mary, Pilgrim State Hospital, December 31.

Taylor, Dr. James A., Kings Park State Hospital, September 30.

Medical Interne

Bauer, Dr. William, Brooklyn State Hospital, December 31.

Birchall, Dr. Robert, Harlem Valley State Hospital, December 31.

Calabrese, Dr. Edward St. J., Middletown State Homeopathic Hospital, October 21.

Cole, Dr. Lewis F., Utica State Hospital, October 31.

Drexler, Dr. Bernard, Central Islip State Hospital, July 31.

Fleming, Dr. Robert I., Gowanda State Homeopathic Hospital, November 13.

Gray, Dr. Nelson M., Creedmoor State Hospital, July 13.

Jarrett, Dr. Thirl E., Central Islip State Hospital, September 30.

Loverro, Dr. Angelo, Creedmoor State Hospital, August 29.

McWilliams, Dr. J. Goheen, Gowanda State Homeopathic Hospital, October 7

O'Connor, Dr. Fergus J., St. Lawrence State Hospital, December 16.

O'Donnell, Dr. Thomas Francis, Letchworth Village, July 14.

Roecker, Dr. Roland D., Creedmoor State Hospital, October 31.

Tarlau, Dr. Milton, Central Islip State Hospital, October 15.

Vicale, Dr. Carmine T., Brooklyn State Hospital, July 12.

Walker, Dr. John E., Binghamton State Hospital, August 28.

Wass, Dr. Harold E., Rochester State Hospital, December 16.

Wells, Dr. Josephine S., Central Islip State Hospital, October 15.

DEATH

Powelson, Dr. Arthur P., assistant physician, Middletown State Homeopathic Hospital, November 10.

APPOINTMENTS AT PSYCHIATRIC INSTITUTE

Pacella, Dr. Bernard L., psychiatric interne, July 1.

Taylor, Dr. Wayne, psychiatric interne, July 1.

Raffaele, Dr. Angelo J., psychiatric interne, July 1.

Weiss, Dr. Edward J., psychiatric interne, July 1.

Friend, Dr. Maurice R., psychiatric interne, July 1.

Allen, Dr. Alma, psychiatric interne, July 15.

Resignations from Psychiatric Institute

Boldt, Dr. Waldemar H., psychiatric interne, July 18.
Altman, Dr. Leon L., psychiatric interne, December 31.

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Brussell, James A.: Third generation syphilis: Review of the literature and report of a case. Arch. of Derma. and Syphil., July, 1939, Vol. 40, pages 70-75.

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ROCKLAND

Johnson, Hiram K.: Gefühlsverlust als Krankheitssymptom. (The loss of feelings as a morbid symptom.) Neue Psychol. Stud., 1937, 13, 70-86, Psychological Abstracts, October, 1939.

Thompson, Walter A.: A theory for the cause of deaths of acutely disturbed mental patients. PSYCHIAT. QUART., July, 1939.

Clardy, Ed Rucker: Child guidance in the Garnerville School. Written for publication in the yearly school paper published by the Garnerville Parent-Teacher Association.

ROCHESTER

Pollack, Benjamin: Latent forces affecting human behavior. Medical Record, 150:2, 56-58, July 19, 1939.

Unconscious motivation in speech and thought. Medical Digest (Bombay, India), 7:7, 237-47, July, 1939.

The problem of the schizophrenic and the effects of newer forms of treatment. New York State Journal of Medicine, 39:22, 210-219, November 15, 1939.

UTICA

Bigelow, Newton J. T.: Personality in alcoholic disorders: Delirium tremens and acute hallucinosis. PSYCHIAT. QUART., 13:4, 732-740, October, 1939. (In collaboration with Samuel R. Lehrman and James N. Palmer.)

Dorey, John J.: A contribution to the problem of alcoholic deterioration. PSYCHIAT. QUART., 13:4, 721-731, October, 1939. (In collaboration with Werner Hamburger and Robert B. Sampliner.)

Sampliner, Robert B.: The psychic aspects of bronchial asthma. PSYCHIAT. QUART., 13:3, 521-533, July, 1939.

——: See Dorey.

Hamburger, Werner: See Dorey.

Lehrman, Samuel R.: See Bigelow.

Palmer, James N.: See Bigelow.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Block, R. J., and Bolling, D.: Microestimation of threonine. J. Biol. Chem., 130, 465, 1939.

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Bolles, M. M., and Zuzin, J.: A graphic method for evaluating differences between frequencies. Jo. Appl. Psychol., 23:4, 440-449, 1939.

Ferraro, A. ,and Jervis, G. A.: Pathologic considerations on insulin treatment of schizophrenia. Am. Jo. Psychiat., 36:1, July, 1939.

Harris, M. M., and Horwitz, W. A.: Metabolic studies of mental patients treated with insulin hypoglycemic shock treatment, III. (Potassium tolerance before and after treatment). PSYCHIAT. QUART., 13, 429-437, 1939.

Harris, M. M., Horwitz, W. A., and Milch, E.: Regarding sodium amytal as a prognostic aid in insulin and metrazol shock therapy of mental patients. (Dementia præcox.) Amer. Jo. Psychiat., 96, 327-333, 1939.

Kallman, F. J.: Discussion on sources of mental disease: Their amelioration and prevention. Mental Health, The Science Press, Lancaster, Pa., pp. 143-145, September, 1939.

Landis, C., and Page, J.: Magnitude of the Problem of Mental Disease. Chapter in "Mental Health." Science Press, Lancaster, Pa., pp. 149-155, September, 1939.

Landis, C., Strauss, H., and Hunt, W. A.: The metrazol seizure and its significance for the pathophysiology of the epileptic attack. Jo. Nerv. and Ment. Dis., No. 4, pp439-452, October, 1939.

Lewis, N. D. C.: Discussion or orientation in psychiatric research. Published as part of the Symposium on Mental Health, by American Association for Advancement of Science, The Science Press, Lancaster, Pa., p. 53, September, 1939.

Piotrowski, Z.: A Rorschach blind analysis of a compulsive neurotic. Kwart. Psychol, 11, pp. 231-264, 1939.

Sperry, W. M., and Brank, F. C.: Absorption of water by liver slices from "Physiological" saline solutions. Proc. Soc. Exptl. Biol. & Med., 42, 147, 1939.

Strongin, E. I., and Hinsie, L. E.: A method for differentiating manic-depressive depressions from other depressions by means of the parotid secretion. PSYCHIAT. QUART., 13, 691-704, October, 1939.

Waelsch, H. ,and Borek, E.: The stability of the Keto acid from methionine. J. Am. Chem. Soc., 61, 2252, 1939.

Waelsch, H., and Rittenberg, D.: The metabolism of glutathione, Science, 90, 423, 1939.

Zubin, J.: Monographs for determining the significance of the differences between the frequencies of events in two contrasted series or groups. Jo. Amer. Statistical Assoc., 34, pp. 539-544, September, 1939.

Economic Aspects of Mental Health. Chairman's summary and critique in "Mental Health." Science Press, Lancaster, Pa., pp. 211-218, September, 1939.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Humphreys, Edward J.: Present needs in the care of mental defectives in New York City. Proceedings of the American Association on Mental Deficiency, 44, 1, 254-273, 1939.

The needs of mental defectives in New York City (with Marian McBee). Published by the New York City Committee on Mental Hygiene of the State Charities Aid Association and Mental Hygiene Section of the

Welfare Section of the Welfare Council. Published in summary in Proceedings of the American Association on Mental Deficiency, 44:1, 264-273, 1939.

Kinder, Elaine F.: A comparative study of institutionalized and noninstitutionalized subnormal girls (with Theodora M. Abel). Proceedings of the American Association on Mental Deficiency, 44:1, 169-177, 1939.

NEWARK STATE SCHOOL

Sirkin, Jacob: A critical analysis of five years work with cases of cerebral palsy. Proceedings and Addresses of the Sixty-third Annual Session of the American Association on Mental Deficiency, 1939.

Treatment and training of mental defectives. PSYCHIAT. QUART. SUPPLE., 13:2, 165, July, 1939.

Pollock, Dorothy A.: 4-H clubs for mental defectives. Proceedings and Addresses of the Sixty-third Annual Session of the American Association on Mental Deficiency, 1939.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

STATE HOSPITALS

Binghamton

Pooler, Harold A.: Marriage. Talk to Langdon parent-teacher group, Langdon, October 11.

How to pick a mate. Talk to Business Women's Club, Y. W. C. A., Binghamton, November 7, and to Industrial Girls' Club, Y. W. C. A., November 9.

Marriage is a mental hygiene problem. Ladies' Society of Universalist Church, Binghamton, November 28.

Howard, Clifford E.: Personality and mental development. Talk to parent-teacher group, Roosevelt School, Johnson City, October 24.

The preschool child. Talk to Binghamton child study group, December 23.

Thaw, Daniel: Cerebellar agenesia—A review of two cases of complete and one of unilateral cerebellar agenesia which were found at autopsy, Binghamton Psychiatric Society, October 20.

Hurdum, Herman M.: Factors influencing personal development. Talk to parent-teacher group, Longfellow School, Binghamton, October 10.

Mental hygiene. Talk to Lions Club, Waverly, October 17.

Young, Reginald J.: Epilepsy due to trauma. Before Binghamton Psychiatric Society, November 22.

Elliott, Helen E.: Mental hygiene and the tubercular patient. Talk at Broome County Tuberculosis Sanitarium, June 15.

Mental hygiene in the home. Talk to parent-teacher group, Smithville Flats, September 10.

Family relationship, Y. W. C. A., Binghamton, November 7.

Brooklyn

Derby, Irving M.: Blood transfusion. Address before Sphynx Club, Brooklyn, October 15.

Tertian malaria. Lecture and demonstration for students from Long Island College of Medicine, October 27.

Modern State hospitals. Address before Sphynx Club, Brooklyn, November 12.

Blood transfusion. Address before Merwelyn Club, Valley Stream, November 17.

Riemer, Morris D.: Causes of nervous disturbances. Lecture at meeting of Psychology Club, Lafayette High School, Brooklyn, November 4.

How to make the most out of your child. Address at meeting of parent-teachers' association, Public School 72, Brooklyn, November 14.

Prominent symptoms of the functional psychoses, with demonstration of cases, to Premedical Club, Long Island University, December 9.

Beckenstein, Nathan: Lectures and clinical demonstrations to the following groups on the dates indicated:

Psychology of adolescents. To graduating class from City College of New York, August 3.

Abnormal psychology. To students from Washington Square College, New York, August 24.

Mental disease. To a group from Reconciliation Trips, October 21.

Organic psychoses. To graduate students in psychology from City College of New York, November 18.

Functional psychoses. To graduate students in psychology from City College of New York, December 2.

Abnormal psychology. To students from New York University, December 8.

Interpreting State hospitals to the community. Address at Second Annual Mental Hygiene Institute, Hotel St. George, Brooklyn, November 4.

Nelson, Julius L.: Lectures and clinical demonstrations to the following groups on the dates indicated:

Mental disease. To a group of teachers from New York University sponsored by Reconciliation Trips, July 15.

Functional psychoses. To students in psychology from Brooklyn College, July 31.

Social service. Talk to Social Service Committee from Hunter College, December 29.

Terrence, Christopher F.: Results of hypoglycemic treatment. Paper read at meeting of Psychiatrical Society of Metropolitan State hospitals, held at Brooklyn State Hospital, December 18.

Zeifert, Mark: Metrazol therapy. Address and demonstration of technique with aid of motion pictures, at U. S. Army Hospital, Fort Jay, Governor's Island, November 9.

Remission in obsessional neurosis following a metrazol therapy. Paper read at meeting of Psychiatrical Society of Metropolitan State hospitals, held at Brooklyn State Hospital, December 18.

Train, George J.: Neurotic symptoms ushering in dementia præcox. To applied psychology class of Brooklyn College, December 2.

Growing pains. Address at meeting of Masonic Lodge, Brooklyn, December 3.

The new trends in psychiatry. Talk to educational psychology group from Brooklyn College, December 9.

From October to December, conducted a seminar in postgraduate studies in psychology at Brooklyn College for Alumni Psychology Club.

Tamarin, Sidney L.: Schizophrenia, its treatment by hypoglycemic shock. Address before Newman Club, Long Island Medical College, November 2.

Lockwood, Mildred H.: Social service in a State hospital. Address before Flatbush Welfare Club, Brooklyn, August 17.

Psychiatric Social Service. Address to social service group at Hunter College, October 22.

Utilization of agency resources by a State hospital. Talk at Second Annual Mental Hygiene Institute, Hotel St. George, Brooklyn, November 4.

Porter, Victorine H.: History and development of attitudes in social work. Lecture to affiliating student nurses at Brooklyn State Hospital, November 17.

BUFFALO

Pritchard, John A.: The extension of the parole system in State hospitals. Paper read at Quarterly Conference of the State institution visitors and superintendents with the Commissioner of Mental Hygiene, Albany, September 23.

Levin, H. L.: Looking into your child's mind. To the mothers' club of University Church of Christ, October 18.

Mental hygiene of childhood. To parent-teachers' association, School 54, November 9.

Personality development in early adult years. To college department, Temple Beth Zion Sunday school, November 12.

The size and nature of the mental health problem. Presentation of cases illustrating the relationship of mental diseases to problems of family life, industrial adjustment, delinquency, et cetera. To Niagara County Ministers' Association, November 13.

Religion as a factor in mental hygiene. To Buffalo Mental Hygiene Society, November 14.

Cudmore, Wm. E.: Treatment in State hospitals. To Niagara County Rural Ministers' Association, November 13.

Faver, Harry E.: The functions of the State hospital. To Rotary Club, Lockport, August 23.

Yost, Murray A.: The adolescent boy. To Boy Scout mothers, Buffalo, November 8.

Riedel, Iona B.: Nursing in State hospitals. Niagara County Rural Ministers' Association, November 13.

Pratt, Theresa E.: Occupational therapy in State hospitals. Niagara County Rural Ministers' Association, November 13, and Alumnae Chapter, Alpha Omicron Pi, November 20.

CENTRAL ISLIP

Rodgers, Arthur G.: Psychosis associated with illuminating gas. Paper read before the down-State interhospital conference, New York City, April, 1939.

Bellsmith, Mrs. Ethel B.: Introductory address as chairman of the Mental Hygiene Session of the New York State Conference on Social Work, Rochester, October 18.

Address as chairman of the Association of Psychiatric Social Workers in Clinics and Hospitals, New York City, October 29.

Psychiatric social service including such resources as are available to our patients. Address to the medical staff of Central Islip State Hospital, November 2.

Edell, Dolores: The problem of employment for parole patients. Talk at the Brooklyn Mental Hygiene Institute, St. George Hotel, Brooklyn, November 4.

Prichard, Elizabeth R.: An interpretation of social work at Central Islip State Hospital. Talk given at the Association of Psychiatric Social Workers in Clinics and Hospitals, New York City, December 6.

CREEDMOOR

Gregory, Hugh S.: Address on mental changes during the involutional period. To a group at the Women's Club of the Willistons at East Williston, L. I., November 17.

Buckman, Charles: Lecture on organic diseases. To a group of students from Adelphi College, August 2.

Talk on general admission and treatment of patients. To a group of students from Health Educational Division, New York City, November 19.

Bennett, Jesse L.: Lecture on functional diseases. To a group of students from Adelphi College, July 31.

Cooper, Josephine V.: Paper, Scope and function of a social service department in a State hospital. To Mental Hygiene Institute, Hotel St. George, Brooklyn, November 4.

GOWANDA

Gray, E. V.: Showed moving pictures of hospital activities and gave talk at Gowanda Kiwanis Club, October 12.

The commitment, cost and care of the mentally ill. Before the Erie County Magistrates' Association at Hamburg, November 8.

Physical fitness. Before the Seneca Council of Boy Scouts of America, at Cattaraugus, December 27.

Mudge, E. H.: Care of the mentally ill in New York State. Talk given at the hospital to a group of nurses doing extension work from the University of Wisconsin, August 30.

Mental hygiene of childhood. Before the parent-teachers' association at Little Valley High School, November 6.

Bohn, R. W.: Problems of adolescence. To the parent-teachers' association, Hinsdale Central High School, October 9.

Mental hygiene of the school child. At parent-teachers' association, South Dayton, October 23.

Personal psychology. Before the Cattaraugus County Committee of the New York State Nurses' Association at Salamanca, November 9.

Adolescent growth. Before the parent-teachers' association, Huntington Avenue School, Buffalo, November 15.

The State hospital a community asset. Before the Rotary Club, Dunkirk, November 21.

Your State hospital. Before the Methodist Brotherhood, at the First Methodist Church, Dunkirk, December 5.

Practical pointers in mental hygiene. Cattaraugus County welfare department, at Machias, December 8.

Marritt, H. D.: Held clinic at the hospital for group of public and private welfare workers of Erie County, October 4.

Historical development of the care of the mentally ill. At the Survey Club, Jamestown, October 18.

Factors that influence personality. At the parent-teachers' association, School No. 8, Sheridan, October 20.

Psychiatry emerges from isolation. At the Survey Club of Jamestown, November 15.

HARLEM VALLEY

Grover, Milton M.: Mental hygiene as a public health problem. Talk before community group of Quaker Hill, Pawling, at the Harlem Valley State Hospital on August 12.

HUDSON RIVER

Kelleher, James P.: Mental illness with demonstration of clinical types. Lecture at hospital to a group of students from the department of economics and sociology, Vassar College, Poughkeepsie, October 23.

Wolff, Solon C.: Clinical demonstration given to students of Arthur Jess Wilson, instructor in psychology, School for Adult Education, Yonkers, November 18.

Mental hygiene aspects of the housing problem, especially in reference to overcrowding. Talk given at a meeting of Poughkeepsie Better Housing League, at Court House, Poughkeepsie, on December 12.

KINGS PARK

Bonnyman, Johanna F.: Nursing as a career. Address to the student bodies of the Kings Park and Smithtown high schools on October 9.

Guidance for classroom teachers. Address to a group of teachers in a class for classroom guidance conducted by the dean of Hofstra College, at Hicksville High School, November 21.

Power, Ann: Behavior problems. Address to the Women's Club of Rockville Center, on October 24.

Anderson, Lloyd: Laboratory procedure with bacteriological specimens. Address to the graduate nurses of Kings Park State Hospital on December 18.

MANHATTAN

Phillips, Arthur M.: Lectured with clinical demonstrations of psychiatric cases to a group of students of Columbia University. This course which began on July 6 was terminated on August 8.

Lectured with clinical demonstrations of psychiatric cases to a group of second-year students of Cornell University Medical School. This course began in December and will continue for three months.

Bloomfield, Maxwell I.: Clinical demonstration of functional and organic cases before a group of 30 students in abnormal psychology, College of the City of New York, December 30.

Kusch, Ernest: Lectured with clinical demonstrations of psychiatric cases to a group of students, department of psychology, College of the City of New York, August 19.

Frumkes, George: Lectured with clinical demonstrations of psychiatric cases to a group of 40 premedical students of the Caducean Society, New York University, November 18.

Levine, Matthew: Lectured with clinical demonstrations of the organic and psychogenic psychoses to a group of 50 postgraduate students, psychology department, school of education, New York University, July 24 and 28.

Hoch, Paul: Lectured with clinical demonstrations of psychiatric cases to 40 students and faculty members of Fordham University Graduate School, department of psychology, July 26.

Lectured with clinical demonstrations of psychiatric cases in connection with insulin treatment to a group of 40 students and faculty members of the Fordham University Graduate School, department of psychology, August 2.

MARCY

Black, Neil D.: Healthy mind in a healthy body. Talk before the parent-teachers' association, Rome, November 16.

Gronlund, Anna A: Essentials of life. Talk to parent-teachers' association, Holland Patent, November 8.

Happiness and health. Talk before St. Elizabeth's Hospital Nurses' Alumnae Association, December 4.

MIDDLETOWN

Woodman, Robert: Are family-care colonies practicable in New York State? Paper read at Quarterly Conference held at Wassaic State School, September 23.

PILGRIM

Barwise, Constance: Teaching your child to live with himself and others. Before parent-teachers' association at Rockville Centre, L. I., on November 13.

Brussel, James A.: First aid and military hygiene. Address given to 302nd Medical Regiment at Army Building, New York City, November 6.

ROCHESTER

Veeder, Willard H.: Care of the insane. Talk to library and secretarial aides, November 9.

Hunt, Robert C.: The psychiatrist. Talk to Sunday Night Club, Lake Avenue Baptist Church, November 12.

ROCKLAND

Stanley, Alfred M.: The function of a mental hospital. Lecture tour of the hospital on July 23, to the college summer service group.

A mental hospital, its organization and functions. Address before the Men's Club of the Presbyterian Church, Blauvelt, December 12.

Tallman, Frank F.: The problems of adolescence. Address before the parent-teachers' association, Public School No. 14, Yonkers, November 8.

Institutional treatment of delinquents. Address before the Thirty-second Annual State Conference of Probation Officers held under the auspices of the New York State Probation Commission and the division of probation, New York State Department of Correction, at the Hotel Rochester, Rochester, December 5.

Miller, Joseph S. A.: Mental hygiene and personality development. Course of lectures before the public and high school teachers of Rockland County, Nanuet, October 3, 10, 17, 24, 31, November 14, 21, 28, December 5, 12, and 19.

Problems of mental diseases and their prevention. Address before the Ladies' Auxiliary of the Temple Israel, Nyack, September 6.

The extra-curricular services of a progressive school. Conference with the public and high school teachers of Nyack, October 18.

School as a secondary home. Conference with the Suffern public and high school teachers, October 23.

Mental hygiene approach in dealing with timid children. Conference with the Congers High School teachers, November 3.

Present concepts regarding the nature and treatment of mental diseases. Address at the Nyack Health Farm, November 13.

Restlessness. Address before a teachers' conference of the Nyack schools, November 15.

The rebellious attitude and conduct of the adolescent. Address before a teachers' conference at Suffern, November 27.

The scope and purpose of a child guidance clinic. Address given to the Parent-Teacher Forum and Mothers ' Club of Nanuet, December 5.

What the school can do to sublimate showing-off tendencies in children. Address before a teachers' conference, Congers, December 11.

Seclusiveness and shyness in children. Address before a teachers' conference, Nyack, December 18.

Munn, Charlotte: The physical and the mental development of the normal child. Lecture delivered at the Yonkers Public School No. 27, October 10; the adult education class at the Nyack Y. M. C. A., October 12.

The training of the normal child. Lecture delivered at Yonkers Public School No. 27, November 17; Nyack adult education class, October 19.

The normal problems of the normal child and their contributions to the personality development. Lecture delivered to the Nyack adult education group, Y. M. C. A., October 26; Yonkers Public School No 27, October 31.

The psychology of adolescence. Address delivered to the adult education group, Y. M. C. A., Nyack, November 2; parent-teacher association, Public School No. 27, Yonkers, November 14.

The experiences of the adolescent. Address delivered to the adult education group, Y. M. C. A., Nyack, November 9; parent-teacher association, Public School No. 27, Yonkers, November 21.

The sexual education of children. Address delivered to the adult education group, Y. M. C. A., Nyack, November 16; parent-teacher association, Public School No. 27, Yonkers, November 28.

Training of the normal child. Address delivered to the Ladies' Auxiliary of the Medical and Dental Service of the Hebrew National Orphan Home, Tuckahoe, December 4.

Adolescent problems. Panel discussion at the South Main Street School, Spring Valley, December 7.

Clardy, Ed Rucker: The care and treatment of behavior problems in children. Address given before the Columbia University postgraduate teacher' class, July 25, at the children's group of Rockland State Hospital.

Ordinary problems of the average child. Address before the parent-teacher association, Valley Cottage, October 5.

The history and the function of the Pearl River Child Guidance Clinic. Address given before the parents and teachers at the Pearl River School, Pearl River, October 10.

Every child a problem child. Address before the parent-teacher association, New City, November 3.

Discussion of behavior problems. Address for the teachers of the Pearl River School, December 12, at the children's group, Rockland State Hospital.

Discussion of behavior disorders as treated at the Rockland State Hospital children's group. Address for the psychology department of New York University, December 22 at the children's group.

Scherer, I. W.: Some experiments in recreational therapy. Address before the New York University School of Education, graduate division, Dr. Deavers' class, December 16.

St. Lawrence

Berman, Harold H.: A mental disease clinic was conducted for 40 students of the summer class in abnormal psychology of the St. Lawrence University on August 8.

Cunningham, Irene: Occupational therapy as applied to the mentally ill. Talk to members of the Newman Literary Club of Ogdensburg.

Brown, James E.: Psychiatric problems in everyday life. Address to members of the Rotary Club of Malone, December 14.

Utica

Helmer, Ross D.: Importance of physical and mental health. Address to parent-teacher association of Kemble School, Utica, October 10.

Marriage from a psychiatric viewpoint. Address to the Young Peoples' Association of the Church of the Redeemer, Utica, October 22.

Mental hygiene in the school from a parental and teacher's standpoint. Address at the Roosevelt School, Utica, November 14.

Causes of mental disorders. Address to the Business Girls' Club, Dolgeville, December 5.

Bigelow, Newton J. T.: Constructive personality factors in Waltonism. Address given at the New York State Conference of Isaak Walton League, Cooper Inn, Cooperstown, September 15.

Current events in your own home. Address given at the New Century Club, Utica, October 17.

Mental health after sixty-five. Address given at the New York State Conference of Social Work, Rochester, October 19.

McKendree, Oswald J.: The development of the mental hygiene movement. Address to St. Elizabeth's Hospital Guild at St. Elizabeth's Hospital, Utica, October 14.

The social and economic significance of syphilis. Address to the Knights of Columbus at Herkimer, December 7.

Whitehead, Duncan: Common types of personality. Address at the Y. W. C. A., Gloversville, November 16.

Kirkpatrick, Mabel: Poise and personality. Address to the Coterie Club, Johnstown, September 6.

Participation in a panel discussion, stressing mental and physical health factors, at a parent-teacher association meeting, Columbia School, Gloversville, October 26.

Personal adjustment in the family. Address to the parent-teacher association at the Knox Jr. High School, Johnstown, December 14.

Hutchings, Dorothy: Preparation of summaries for mental clinics. Address to the investigators of the department of public welfare, Schenectady, September 6.

WILLARD

Luidens, Henry: Lecture and demonstration of cases to students from Alfred University and Cornell University, August 1; to students from Cornell University, August 3; to students from Hobart College, October 11 and 18, November 1 and 3; to class in abnormal psychology, Cornell University, December 1.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Hinsie, L. E.: Seminar to nurses of Henry Street Settlement, November 30, December 21.

Lectures to Teachers' College group, December 9 and 16.

Kallmann, F. J.: The scientific goal in the prevention of hereditary mental disease and racial inferiority. Seventh International Congress of Genetics, Edinburgh, Scotland, August 23-30.

Kopeloff, N.: Blood platelets in monkey anaphylaxis. Read before the Society of American Bacteriologists, New Haven Conn., December 30.

Landis, C.: Psychosexual material. A. A. A. S., Columbus, Ohio, December 29.

Lewis, N. D. C.: Lecture to nurses from Skidmore College, at Psychiatric Institute, October 3.

Series of 13 lectures in psychiatry to nurses taking course sponsored by New York City League of Nursing Education, October 2 through December 2.

Nervous and mental components of gastrointestinal diseases. Given before section on gastroenterology, Medical Society of District of Columbia (Washington), October 2.

Importance of symbolism in the diagnosis of mental disease. Given at meeting of Dutchess County Psychiatrical Society held at Matteawan State Hospital, Beacon, October 19.

Your mind and your health. Talk given before Central Congregational Church, Brooklyn, October 24.

Psychosomatic medicine. Before Long Island Psychiatric Society, Pilgrim State Hospital, Brentwood, November 21.

Nervous and mental components in gatrointestinal disorders. Given before the Dutchess County Psychiatric Society, Harlem Valley State Hospital, Wingdale, November 16.

Alcoholism as a disease. Before Research Council on Problems of Alcohol (an associated society of the A. A. A. S.), Commodore Hotel, New York, December 6.

A brief review of the research and teaching functions of the New York State Psychiatric Institute and Hospital for the 10 years period 1930-1940. Before Quarterly Conference of the Department of Mental Hygiene, at New York Psychiatric Institute and Hospital, December 16.

Piotrowski, Z.: The Rorschach method and its application in mental clinics. To the clinical staff of the Rockland State Hospital, July 11.

The theoretical bases and the practical results of the Rorschach method. To the student social workers at Vanderbilt Clinic in the departments of psychiatry and neurology, November 15.

Psychological methods and their application to the study of psychiatric patients. To the postgraduate nurses at the Psychiatric Institute, November 16.

A critical review of tests of personality. To the postgraduate nurses at the Psychiatric Institute, November 20.

The recognition and prognostic significance of inadequate use of mental capacities in the Rorschach records of schizophrenics. At the meeting of the New York division of the Rorschach Institute, November 27.

Polatin, P.: Clinical observations on the effects of intravenous insulin in treatment of mental disorders, a preliminary report. Paper presented before the Psychiatric Society of the Metropolitan State hospitals on November 6, at the Manhattan State Hospital.

Principles of psychiatry. A course of 10 lectures and clinical demonstrations to the Neurological Institute affiliate nurses from August 21 to September 6.

Mental disease as a public health problem. Lecture to the League of Nursing Education on October 2.

The mental hygiene of the adult. Lecture to the League of Nursing Education on December 18.

Mental Hygiene. Seven lectures to Skidmore College nursing affiliates, October 5 to October 31.

Insulin and metrazol shock therapy. Two lectures to Presbyterian Hospital nurses on October 13 and 16.

Principles of psychiatry. Sixteen lectures to District 13 of the New York State Nurses' Association from October 17 to December 8.

Clinical observations on the effects of intravenous insulin in treatment of mental disorders, a preliminary report. Paper presented before the Psychiatric Society of the Metropolitan State hospitals on November 6 at the Manhattan State Hospital.

Zubin, J.: The challenge of unemployment. WEAF, August 5.

STATE INSTITUTIONS

Letchworth Village

Humphreys, Edward J.: Psychiatry and religion. Annual conference of the New Jersey Baptist Ministerium, Peddie School, Hightstown, N. J., July 3.

The State school and the community. Fortnightly Club, Stony Point, December 1.

Government and social welfare in the field of child development. Middletown League of Women Voters, December 13.

Social control of the high-grade defective girl. National Conference on Family Relations, Committee on Marriage and Family Law and Its Administration, Pennsylvania School of Social Work, Philadelphia, Pa., December 26.

Kinder, Elaine F.: Some problems of classification of subnormals. Annual meeting of American Association for Applied Psychology, Washington, D. C., November.

Parole adjustment of institutionalized delinquent girls. (With Margaret B. Erb, Gladys McDermaid.) Annual meeting of American Association for Applied Psychology, Washington, D. C., November.

Psychological work in State institutions for defectives. Beaver College, Jenkintown, Pa., November.

Hamlin, Roy: Reaction of human defectives to experimentally produced conflict. Annual meeting of American Association for Applied Psychology, Washington, D. C., November.

Philp, Alice J.: An approach to the mental organization of the feebleminded. Annual meeting of the American Psychological Association, Stanford University, California, August.

Newark State School

Hubbell, H. G.: Results of family care. Paper read before the Eastern Branch of the American Association for the Study of the Feebleminded, Letchworth Village, September 30.

Hoeffler, John C.: Training of mental defectives. Talk before the parent-teachers' association, Marion, October 25.

Sirkin, Jacob: Treatment and training of mental defectives. Talk before the National Conference of Wayne County School Teachers, Wolcott, September 30.

McGreevy, Joan: Mental hygiene of childhood. Talk before the parent-teachers' association, Red Creek, October 24.

Syracuse State School

Rowe, Charles E.: Extension of the parole system in State schools. Before Quarterly Conference, Wassaic State School, September 23.

Deren, Solomon D.: Mental hygiene course given to 14 students, teachers, public health nurses and psychologists from July 5 to August 11.

Reactions of mental defectives. To group of nurses from the Syracuse Memorial Hospital, September 21.

Social control of the mentally defective group. To students in class of sociology, Cornell University, November 30.

Burritt, Ruth L.: Social rehabilitation of mental defectives. To Auburn Chapter of the Daughters of the American Revolution, December 16.

Wassaic State School

Pense, Arthur W.: Clinical demonstrations and lectures on mental deficiency to the following groups on the dates indicated:

Student nurses, Harlem Valley State Hospital, September 12 and November 21.

Sociology students, College of New Rochelle, October 27.

Coterie Club of Amenia, January 17.

Craig Colony

Doolittle, Glenn J.: Clinic was held for a class of the summer school students from Houghton College on July 19.

Clinic was held for a group of 25 Red Cross workers from Rochester on November 12.

Shanahan, William T.: Gave a talk on the "Shakers" before the Livingston County Historical Society at Groveland, which society owned the property on which the Colony was established, December 7.

REVIEW OF DR. TADDIKEN'S PUBLIC SERVICE

On September 30, 1939, Dr. Paul G. Taddiken retired as superintendent of the St. Lawrence State Hospital after a service of 44 years, 5 months, 28 days.

A native of New York City, he obtained his preliminary education in its public and private schools, attended the College of the City of New York, and received his degree in medicine from the College of Physicians and Surgeons in 1895. After an interneship of 20 months at City Hospital, Blackwell's Island, he joined the staff of the Manhattan State Hospital in December, 1896, advanced through successive grades in the service at Kings Park and Brooklyn State hospitals, and was appointed first assistant physician at St. Lawrence State Hospital on July 1, 1911. When Dr. Hutchings entered military service, Dr. Taddiken became superintendent. He was transferred to the superintendency of the Buffalo State Hospital on January 27, 1919, and returned as superintendent of St. Lawrence State Hospital April 1 of the same year. When he retired he had spent 22 years in that capacity, or one-half of his total service period.

From January, 1926, until his retirement, he acted as chairman of the committee on nursing in the department, and during that time was a member of the nurse advisory council of the Department of Education. He was also, for 11 years, a member of the Governor's Commission to Examine Condemned Convicts at Sing Sing Prison. He served as president of the St. Lawrence County Medical Society, and during the World War was medical member of the exemption board, No. 1, St. Lawrence County.

Dr. Taddiken has always been known as a progressive superintendent. He was actively interested in the establishment and development of mental hygiene and child guidance clinics in his district; established the first beauty parlor for patients; was an early advocate of extensive and intensive occupational therapy work in our hospitals, insisting that all those caring for patients should participate in that form of treatment; and kept in very close touch with the detailed workings of the hospital through frequent meetings of the heads of departments and supervisors for the free discussion of their problems.

An efficient disciplinarian, he had both the will and ability to give the utmost consideration to normal human frailties, and could impart kindly advice as well as stern reprimand. He possessed the faculty to divide, or I might say, dissect a problem into its various component parts, to view each part from all possible angles, to follow each through all its ramifications, to recombine the parts, give each its relative value and reach a final conclusion that was based on unusually keen insight. He maintained the welfare

of patients at all times, as the motivating impulse behind all hospital activities—its industries, its physical development, its recreational facilities, its rules and regulations, and its medical and psychiatric work. Under the latter special mention should be made of the very complete and comprehensive records of patients kept at his hospital, which are universally recognized as outstanding. He was an excellent administrator, and those who were privileged to serve under him and receive the training thus afforded are indeed fortunate. His efficiency as chairman of the committee on nursing is familiar to us, as I am sure we have all had the experience of having received a communication from him reminding us of our shortcomings regarding the forwarding of necessary reports, our tardiness, or our misunderstanding of instructions or regulations. In addition to assisting the law enforcement department of the State, through membership on the Governor's commission previously mentioned, he has given valuable aid and advice to district attorneys in many northern counties, and his decision or opinion on any case has been accepted by them without question. A citizen of the highest standing he has always taken a keen interest in community affairs, is fraternally inclined, and his friends are legion.

I have endeavored to comment very briefly on the extent and value of Dr. Taddiken's service to the Department of Mental Hygiene and to the State, and realize that in being brief many omissions have occurred. I find that having written of his services in the past tense this reads not unlike an obituary. As you all know, however, Dr. Taddiken is very much alive, and is still keenly interested in the department, and particularly in the St. Lawrence State Hospital. When I say that I hope he may long maintain that interest and enjoy the relaxation he has so richly earned, I know I express the feeling of the department and of all his past associates. It is my pleasure to have succeeded him as superintendent and to have him as my neighbor as he still resides in Ogdensburg. It is also my privilege to seek and obtain his valued advice on problems that may perplex me, to meet him socially, and to view his leisure in mild envy.

JOHN A. PRITCHARD, M. D.

GENERAL STATISTICAL INFORMATION RELATING TO STATE HOSPITALS, STATE SCHOOLS AND CRAIG COLONY

CENSUS OF JANUARY 1, 1940

Patient population:		
Civil State hospitals:		
In hospitals	70,380	
In family care	206	
On parole	7,099	
		77,685
Dannemora and Matteawan		2,614
Private licensed institutions for mental disease		5,250
Institutions for mental defectives:		
In institutions proper	13,338	
In colonies	1,671	
In family care	289	
On parole	1,907	
		17,205
Licensed institutions for mental defectives		469
Institutions for defective delinquents		2,096
Craig Colony for epileptics		2,571
Total		107,890
Certified capacity of civil State hospitals		60,673
Certified capacity of Dannemora and Matteawan		1,791
Certified capacity of institutions for mental defectives		11,655
Certified capacity of Craig Colony for epileptics		1,990
Medical officers in civil State hospitals		399
Medical officers in Dannemora and Matteawan		13
Medical officers in institutions for mental defectives		46
Medical officers in Craig Colony for epileptics		12
Employees in civil State hospitals		16,050
Employees in Dannemora and Matteawan		787
Employees in institutions for mental defectives		2,865
Employees in Craig Colony for epileptics		493

MOVEMENT OF EMPLOYEES IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1939

State hospitals	In service, July 1, 1939			Engaged			Left service			In service, Dec. 31, 1939			Vacancies, Dec. 31, 1939			Number of patients, excluding paroles, Dec. 31, 1939 to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
Binghamton	16	402	262	..	23	5	2	37	9	14	388	258	4	23	15	199.6	7.2	4.2
Brooklyn	24	499	249	2	104	24	2	88	23	24	515	250	5	37	25	119.7	5.6	3.6
Buffalo	13	311	215	..	54	15	1	49	16	12	316	214	4	19	19	187.8	7.1	4.2
Central Islip	30	943	366	8	145	16	4	142	20	34	946	362	2	155	22	213.4	7.7	5.4
Creedmoor	23	621	307	1	93	44	3	76	41	21	638	310	3	17	9	211.8	6.9	4.6
Gowanda	13	309	214	2	56	9	3	42	10	12	323	213	3	7	18	179.9	6.7	3.9
Harlem Valley	21	623	289	1	75	16	1	97	15	21	601	290	1	45	7	211.7	7.4	4.9
Hudson River	27	645	409	..	81	13	..	133	18	27	593	404	1	75	10	164.6	7.5	4.3
Kings Park	34	778	468	1	135	40	1	93	50	34	820	458	..	..	..	172.8	7.2	4.5
Manhattan	24	513	343	..	46	16	3	58	15	21	501	344	..	..	..	163.6	6.9	4.0
Marcy	15	337	254	..	26	34	1	32	32	14	331	256	3	20	13	178.7	7.6	4.2
Middletown	20	468	235	..	55	5	2	43	8	18	480	232	3	39	19	184.7	6.9	4.6
Pilgrim	35	1,143	429	5	182	43	..	148	34	40	1,177	438	..	..	..	219.4	7.5	5.3
Psy. Inst. and Hosp.	12	94	144	6	14	22	2	32	11	16	76	155	3	11	9	7.2	1.5	0.5
Rochester	14	430	211	1	53	9	..	37	11	15	446	209	3	19	11	210.1	7.1	4.7
Rockland	32	739	416	3	158	55	2	160	29	33	837	442	5	22	18	176.8	7.0	4.4
St. Lawrence	14	310	230	1	86	16	2	75	18	13	321	228	1	22	4	162.0	6.6	3.7
Syracuse Psy. Hosp.	4	57	23	..	1	..	..	1	2	4	57	21	..	3	2	13.5	0.9	0.7
Utica	12	249	229	3	47	20	3	35	25	12	261	224	1	13	7	146.8	6.7	3.5
Willard	15	427	290	..	41	10	1	48	14	14	430	286	3	23	20	214.4	7.0	4.1
Total	398	9,898	5,583	34	1,475	1,887	33	1,426	401	399	10,057	5,594	45	550	228	185.8*	7.1*	4.5*

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital.

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1939, AS REPORTED BY SUPERINTENDENTS, AND STATEMENT OF CAPACITY AND OVERCROWDING DECEMBER 31, 1939

State hospitals	Census, July 1, 1939	Admissions				Discharges								Census, December 31, 1939	Certified capacity	Overcrowding	
		First admissions	Readmissions	Transfers	Total	Recovered	Much improved	Improved	Unimproved	Not insane	Died	Transferred	Total			Number	Per cent
Binghamton	3,030	184	78	2	264	56	55	41	9	6	100	7	274	3,020	2,391	391	16.4
Brooklyn	3,500	966	207	3	1,176	213	125	91	26	1	339	268	1,063	3,613	2,203	668	30.3
Buffalo	2,495	237	59	4	300	41	32	27	13	2	103	12	230	2,565	1,942	312	16.1
Central Islip	7,729	548	148	6	702	120	133	51	31	3	181	21	540	7,891	5,712	1,542	27.0
Creedmoor	4,927	344	80	4	428	142	54	42	10	1	136	16	401	4,954	3,504	923	26.3
Gowanda	2,467	199	54	14	267	58	29	30	15	9	92	8	241	2,493	2,228	—71	..
Harlem Valley	4,754	157	35	43	235	26	31	23	11	3	115	13	222	4,767	3,972	458	11.5
Hudson River	4,711	217	108	40	365	60	33	52	15	13	155	8	336	4,740	4,014	429	10.7
Kings Park	6,241	446	157	201	804	71	129	38	27	3	144	106	518	6,527	4,986	884	17.7
Manhattan	3,902	751	108	..	859	194	82	57	22	1	331	210	897	3,864	3,434	..	..
Marcy	2,742	266	47	12	325	48	44	36	23	21	110	10	292	2,775	2,140	350	16.4
Middletown	3,573	118	43	12	173	35	27	30	20	3	87	5	207	3,539	2,780	451	16.2
Pilgrim	9,016	618	122	27	767	112	63	35	31	4	222	44	511	9,272	7,831	946	12.1
Psy. Inst. and Hosp...	159	106	22	2	130	32	33	36	29	13	..	2	145	144	210	—95	..
Rochester	3,385	184	59	8	251	35	37	27	6	6	113	4	228	3,408	2,750	388	14.1
Rockland	6,141	644	204	267	1,115	137	147	125	29	6	176	56	676	6,580	4,700	1,134	24.1
St. Lawrence	2,284	142	19	1	162	80	6	10	6	1	76	3	182	2,264	1,721	380	22.1
Syracuse Psy. Hosp. ..	54	265	64	..	329	53	32	19	34	58	1	130	327	56	60	— 6	..
Utica	2,042	208	67	1	276	56	36	27	25	15	90	8	257	2,061	1,552	170	11.0
Willard	3,171	166	43	4	213	41	42	14	7	2	118	8	232	3,152	2,543	453	17.8
Total	76,323	6,766	1,724	651	9,141	1,610	1,170	811	389	171	2,689	939	7,779	77,685	60,673	9,808*	16.2*

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital. †Committed to other institutions.

MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED DECEMBER 31, 1939

State Institutions	In service, July 1, 1939			Engaged			Left service			In service, Dec. 31, 1939			Vacancies, Dec. 31, 1939			Number of patients excluding paroles, Dec. 31, 1939, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
State Schools for Mental Defectives:																		
Letchworth Village	13	473	197	2	69	30	2	60	21	13	482	206	3	6	3	305.0	8.2	5.7
Newark	7	282	173	..	21	11	..	22	12	7	281	172	1	11	9	363.7	9.1	5.5
Rome	8	477	205	..	60	10	..	50	13	8	487	202	6	15	17	423.9	7.0	4.9
Syracuse	6	131	135	2	8	8	2	9	10	6	130	133	..	8	9	167.8	7.7	3.7
Wassaic	12	497	218	..	108	20	..	97	20	12	508	218	1	20	9	365.8	8.6	5.9
Total	46	1,860	928	4	266	79	4	238	76	46	1,888	931	11	60	47	332.6	8.1	5.3
Craig Colony for Epileptics	12	265	207	..	40	7	..	30	8	12	275	206	1	15	13	189.7	8.3	4.6

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EILEPTICS DURING THE SIX MONTHS ENDED DECEMBER 31, 1939, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING ON DECEMBER 31, 1939

State Institutions	Census, July 1, 1939	Admissions				Discharges							Census, December 31, 1939	Certified capacity	Overcrowding in institutions	
		First admissions	Readmissions	Transfers	Total	Improved	Unimproved	Not mentally defective	Not epileptic	Died	Transferred	Total			Number	Per cent
State Schools for Mental Defectives:																
Letchworth Village..	4,205	218	25	..	243	79	40	4	..	21	..	144	4,304	3,120	760	24.4
Newark	2,981	105	15	12	132	9	8	..	..	24	1	42	3,069	1,874	339	18.0
Rome	3,747	97	10	1	108	33	20	..	..	24	..	77	3,778	2,440	—110	..
Syracuse	1,408	34	2	..	36	31	7	..	..	1	..	39	1,405	677	— 76	..
Wassaic	4,525	246	27	..	273	88	31	4	..	26	..	149	4,649	3,544	770	21.7
Total	16,866	700	79	13	792	240	106	8	..	96	1	451	17,205	11,655	1,683	14.4
Craig Colony for Epileptics	2,574	122	14	..	136	42	54	..	..	43	..	139	2,571	1,990	286	14.4